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MEDICAL NEWS.

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VOL. XII.

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PHILADELPHIA:
BLANCHARD AND LEA.
1854.

PHILADELPHIA:
T. K. AND P. G. COLLINS, PRINTERS.

THE MEDICAL NEWS AND LIBRARY.

VOL. XII. JANUARY, 1854. No. 133.

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CLINICS.

Statistical Report of the Principal Operations performed in the London Hospitals during the Month of October.

Lithotomy.—The case left under treatment by our last report has since been discharged well; the boy's urine, however, still contains a small quantity of albumen, and he is subject to œdema of the face. During the month, 6 operations have been performed; of the subjects of these, 1 has recovered, 4 are progressing favourably, and 1 is dead. In the fatal case, the patient was aged 71, and two large angular stones had been removed. Death took place sixteen days after the operation, and the autopsy discovered inflammation of the cellular tissue of the pelvis, with some peritonitis. In one of the fatal cases mentioned last month, we had been misinformed as to there not having been a *post-mortem* examination. In addition to the previously conjectured disease of the kidneys, extensive phlebitis was discovered, each iliac vein contained pus, and there were purulent deposits in both the lungs and the liver.

Lithotrity.—A patient is under care in St. George's Hospital on whom Mr. Cutler has once performed lithrotity. He is aged 68, and was operated on for the same disease ten years ago.

Herniotomy.—We accidentally omitted to state, respecting the five cases reported last month, that the sac had been opened in them all; as far as the operation and the intestinal lesion are concerned, they are all now recovered. This month, 10 operations have been performed. In 7 of these, the sac was *opened*, with the result of 5 recoveries, and 2 deaths. In one of the latter, the patient was a man aged 25; the hernia inguinal and strangulated for sixteen hours before operation. Death from peritonitis occurred on the third day. In the other, the patient was in a very exhausted state at the time of operation; constipation had lasted for a week, and there was stercora-

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Published monthly by BLANCHARD & LEA, Philadelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage to the subscriber.*

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ceous vomiting. The symptoms of strangulation were relieved, but death from debility supervened thirty hours afterwards. The autopsy disclosed no evidence of peritonitis, but the mucous membrane of the intestine was red and swollen. Of the 3 cases in which the sac was left *unopened*, one recovered, and two died. One of the cases which terminated fatally was that of a woman, aged 53, in whom a femoral rupture had been strangulated eleven hours. She was of intemperate habits, and in bad health. Death took place on the third day, some indications of delirium tremens having preceded it. Much chronic disease of the abdominal viscera was afterwards discovered, especially of the stomach. The second fatal case was that of an old woman, in whom an irreducible umbilical hernia had been attended with symptoms of strangulation five days before the operation. The stricture was freely divided, and the bowel easily emptied of its contents; but, in consideration of its having long occupied that position, no attempt at reduction was made. The bowels subsequently acted freely; but death took place, seemingly from exhaustion, on the fifth day. The *post-mortem* examination showed no peritonitis; the colon was loaded with feces, and the intestinal mucous membrane generally congested.

Operation for Artificial Anus.—In a case of complete obstruction of the rectum, from a tumour of the uterus, in the Middlesex Hospital, Mr. Moore performed Amussat's operation of opening the colon in the left loin. Great relief was at first afforded, and for several days the patient appeared to be doing well; she died, however, on the eighth day. The tumour was ascertained to have been of a carcinomatous nature.

Trephining of the Skull.—This operation has been performed in one case. After the death of the patient, a fracture of the base of the skull was discovered, in addition to the superficial injury.

Ligature of Arteries, etc.—In a case of aneurism of the right carotid in an old man, in St. Thomas's Hospital, Mr. Solly placed a ligature on the common carotid, low down. On the fourteenth day, the ligature came away; the patient had had no cerebral symptoms; the tumour was more solid; and the case altogether appeared to be doing very well.* In our recent series of aneurism cases, we have already published the details of one in which, in St. Bartholomew's, Mr. Lloyd had tied the femoral artery for popliteal aneurism, and of another in which Mr. Holt, in the Westminster Hospital, had placed a ligature on the brachial, on account of analogous disease. Both patients are doing well.

In a case, in St. Thomas's Hospital, of secondary hemorrhage after amputation of the thigh for compound fracture, Mr. Simon placed a ligature on the femoral. The patient was so exhausted by the profuse bleeding, that transfusion of blood-serum had to be practised. The latter measure apparently produced very good effects; the man lived till the separation of the second ligature, when hemorrhage again occurred, and, in spite of the employment of the actual cautery, sufficed to terminate life. He was a drayman, and had been very intemperate.

One case of aneurism of the popliteal remains under treatment by compression. It is under the care of Mr. Hilton, in Guy's Hospital. The case mentioned last month, under the care of Mr. Erichsen, in University College Hospital, and that also under the care of Mr. Hewett, in St. George's, have each of them been cured.

Amputations.—Of the twenty-one cases left under care by last month's report, one has died from secondary hemorrhage (see above, *Ligature of Arteries*); the remainder are many of them cured, and the others are, with two exceptions, so nearly well that we need not again refer to them. There were performed, during October, sixteen amputations, out of which four of the patients are dead, two of the others are yet in a doubtful condition, and ten are recovering. Of the fatal cases, one was a secondary amputation of the thigh for compound fracture of the leg, in a stout, middle-aged man. Death from exhaustion resulted on the fourteenth day. In a second, death occurred on the third day after amputation of the leg for senile gangrene of the toes. In a third, amputation of the thigh for disorganized knee-joint was performed, in a very debilitated woman. and the death was preceded by symptoms of incipient pyæmia; but at the autopsy, neither phlebitis nor purulent deposits could be discovered. In the fourth, under the care of Mr. Ure, in St. Mary's Hospital, the operation of removal of all the fingers of the right hand, on account of a crush, was delayed a day from the patient's refusal at first to submit to it. Tetanus resulted, and death took place on the eleventh day. Of the cases still in a doubtful condition, both are amputations of the thigh, one primary, the other secondary. In the latter, the patient, an Irishman, obstinately refused at first, although his knee joint was laid open, to have the leg removed. After a month's delay, during which the joint had become utterly disorganized, and the health of the patient severely reduced, the operation was performed. The case is under the care of Mr. De Morgan, in Middlesex Hospital, and has progressed since the amputation more favourably than could have been expected. Of the nine which are recovering, three are amputations of the thigh, two for diseased knee-joints, and one a third operation, on account of a painful stump, the former ones having been below the knee; one of the leg, for a very large and inveterate ulcer, the persistence of which was seriously undermining the strength of the patient; one at the shoulder-joint, for compound fracture, with much crushing of the arm, under the care of Mr. Solly, in St. Thomas's Hospital. Three of the forearm; one for the effects of phlegmonous erysipelas, one for strumous disease of the carpus, and one primary for compound fracture; one primary amputation of the whole hand, excepting the thumb.

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* This patient has died within the last few days.

Excision of Bones, Joints, etc.—The cases reported last month continue under care. A partial excision of the elbow-joint has been performed by Mr. Solly, on a young man in St. Thomas's Hospital, who had suffered from scrofulous inflammation of the joint. The case is doing favourably. Resection of the wrist-joint has been twice performed, and both patients are thus far doing well. In the first case, under the care of Mr. Erichsen, in University College Hospital, the heads of the radius and ulna, and the first row of the carpal bones, were removed. In the second, under the care of Mr. Fergusson, in King's College Hospital, the heads of the radius and ulna, and the whole of the carpal bones. Excision of the superior maxilla has been practised twice, and with very favourable issue in each case. In the first, under the care of Mr. Stanley, in St. Bartholomew's Hospital, the whole bone, with the exception of its nasal and orbital processes, was removed on account of a fibroid tumour, which had returned after a former excision. In the second, the disease requiring it was a tumour of suspectedly malignant character within the antrum; the operation was performed by Mr. Hancock, in the Charing-cross Hospital. In the same Hospital, the excision of parts of a diseased metatarsal bone has been successfully performed by Mr. Avery. Five important gouging operations have been done during the last month, in each case in the hope of avoiding the amputation of the affected member. In two of them, on account of extensive carious disorganization of the head of the tibia, a procedure in each nearly precisely similar has been adopted, and the whole of the softened cancellous bone, to within a very little of the articular cartilage, was freely scooped out. The patients are severally in King's College and Guy's Hospitals, and under the care of Messrs. Fergusson and Hilton. In Mr. Fergusson's case the progress has been hitherto satisfactory, but in the other a sharp synovitis of the knee-joint set in on the seventh day, and has since continued. In three cases, gougings of the os calcis, on account of carious disease, have been performed. In one, which occurred in St Bartholomew's Hospital, Mr. Stanley was fortunate enough to discover and remove a small fragment of perfectly-detached dead bone, which had been closely encased in the centre of the affected calcaneum, and of the looseness of which no evidence had been afforded by the previous probings. In a fourth case, almost the whole of a much-diseased os calcis was removed by Mr. Holt, in the Westminster Hospital. The case was at first doing very well, but recently gangrene has attacked the wound, a disease just at present affecting several of the patients in that hospital.

Trephining Operation for Abscess in Bone.—A case is under the care of Mr. Simon, in St. Thomas's Hospital, in which the patient, a young man, had for many years suffered almost constant and severe pain in the head of the left tibia, attended also with some general enlargement of the bone. The trephine was resorted to. A dense and thick layer of bone having been cut through, some pus welled up, and the instrument and the plug having been removed, about half an ounce of well-formed creamy matter escaped from a circumscribed abscess in the middle of the bone. No necrosis was discovered. Mr. Simon stated, that he could distinctly feel the indurated walls of the cavity in all parts. The operation has been completely successful; the patient has had no more pain, and is now almost well, the cavity having filled with granulations.

Removal of Necrosed Bone.—Of the 18 cases left under care by last report, 10 remain so; the others have been discharged. During the month 14 operations have been performed; 3 of the patients have since sufficiently recovered to return home, and 11 are under treatment. The latter list includes one in which a necrosed portion of the left tuber ischii was removed by Mr. De Morgan, in the Middlesex Hospital; one in which a portion three inches long of the whole thickness of the shaft of the humerus was removed by Mr. Adams, in the London Hospital, and several others in which large portions of the tibia were removed.

Excision of Loose Cartilage from Joint.—A loose cartilage, of about twice the size of a filbert, was removed by direct incision over it, from the knee of a young man, by Mr. Lawrence, in St. Bartholomew's Hospital. The wound united by adhesion, and no bad symptoms followed.

Excision of Malignant Growths.—Of the cases previously reported 5 remain under treatment. Number of operations during the month, 14. Scirrhus of the breast, 6; recovered, 1; under treatment, 5. Medullary tumours in the neck, extending deeply, and adhering to the sheaths of the vessels, etc., 2. In one, the patient has since died, and in the other, although the wound has healed favourably, yet there is a very suspicious mass of induration forming. Epithelial cancer of the penis, 2; recovered, 1; under treatment, 1. Epithelial cancer of the lip, 5; all, excepting one, of which are yet under treatment.

Excision of Non-malignant Tumours.—Of the 16 cases left by last report, 8 are convalescent, and 7 remain under treatment. With regard to one of them, in which a large fatty tumour had been removed at St. Mary's, we were in error in stating that the patient was still under care, as it had ended fatally. Number of cases, 10: recovered, 4; under treatment, 6. Of these, 3 were sero-cystic tumours in the female breast, in which the whole gland was extirpated. In one of them, under the care of Mr. Fergusson, in King's College Hospital, it was the third operation for the same disease within nine months. One a case of fibrous tumour of the breast, and another of chronic mammary tumour. Two were examples of fatty tumours. Two of large encysted tumours on the scalp, one of which was pendulous, and at least the size of a fist. One case of exostosis from the tibia, a little below the knee-joint. The operation was performed by Mr. Lawrence, in St. Bartholomew's Hospital, and the patient, a young man, recovered well. One case of epulis, and one of a peculiar kind of nasal polypus, in which the disease had returned after several removals, had bled profusely, and attained an enormous size. The patient, in the last case, is under the care of Mr. Cock, in Guy's Hospital. The front half of the tumour has been safely removed by ligature, but a large mass, extending back into the pharynx, still remains. We intend to publish the case at length.

Operations of Urethral Stricture.—The cases reported previously are still under care. In a case in the Middlesex Hospital, Mr. Shaw laid open into the urethra some perineal sinuses. The patient is still under treatment.

Paracentesis Thoracis.—The boy in St. Mary's Hospital, under the care of Dr. Chambers, in whom, with much temporary benefit, the right chest had been punctured on account of pneumothorax, has died since our last report.

In Dr. Bennett's case of empyema, in St. Thomas's Hospital, paracentesis, for the third time, has been performed by Mr. Le Gros Clarke, and the man's condition is much improved.

Paracentesis Abdominis.—For ovarian dropsy three times, after all of which the patients have done well. For ascites eleven times, nine times successfully, and twice followed by death. The case reported last month as in a critical condition has since died. In all the three fatal cases death was due more to the previously-existing disease than to the operation.

Ligature, etc. of Nævus.—In the case in which the perchloride of iron had been injected, the tumour has much diminished in size, and does not appear to be any longer vascular; it is still under observation. Four cases have been operated on during the month, and, with a single exception, are still under treatment.

Tracheotomy.—Neither of the cases previously reported is yet able to breathe continuously without the canula, but they are both of them much improved. The operation has been twice performed during the month, for purposes of artificial respiration in poisoning by chloroform; but, as our Reports have already shown, both patients died. Into the Middlesex Hospital, an infant eighteen months old was admitted, on account of acute laryngitis from a scald of the glottis. The dyspnœa became so urgent, that, eight hours after the accident, Mr. Grant, the house-surgeon, found it necessary to open the trachea. Great relief was afforded, but subsequently inflammation of the trachea and bronchial tubes supervened, and death occurred on the third day.

Fistula in Ano.—The last month's case remains under treatment. Three cases have been operated on during the month, one of which has recovered; the others are progressing favourably.

Puncture of the Bladder.—Death has occurred in the only case left on our report. The operation has not been performed during the past month.

Operation for the Cure of Ununited Fracture.—The case in which setons had been tried, is still under care; but it seems doubtful whether any success will attend it.

Plastic Operations — Hare-lip. — One operation for double, and five for single hare-lip, have been performed, all with success. In one case, under the care of Mr. Quain, in University College Hospital, and now cured, the operation had, on a previous occasion, failed to procure union.

Vesico-vaginal Fistula.—The cases previously reported remain under treatment.

Cicatrix after Burn.—One case, previously reported, has been discharged, not much benefited; a second remains under care, and, with three others since performed, is progressing favourably.

Prolapsus of the Rectum.—In a case of troublesome prolapse of the rectum, under the care of Mr. Johnson, in St. George's Hospital, a cure has been effected by snipping away portions of the mucous membrane. Since cicatrization no prolapse has occurred.

Employment of Cautery, etc.—The cases previously reported are still under treatment, and in one case of vaginal prolapsus in University College Hospital, Mr. Marshall has again made use of the galvanic cautery.

Operations for Cataract—Extraction.—Two cases have been successfully operated on by Mr. Hancock, in the Royal Westminster Ophthalmic Hospital. *Absorption.*—The cases reported last month are doing favourably. One other operation by Mr. Paget in St. Bartholomew's Hospital has been performed.—*Med. Times and Gaz.* November 26, 1853.

CHOLERA.

There are abundant reasons for the apprehension that this country will be invaded, during the coming summer, by this fatal pestilence. Again it is on its march westward; it has appeared in many towns in England, in Paris, and also on board of ships on their passage to this country, and has even shown itself in our great shipping ports, New Orleans and New York. The cold of winter seems to have checked its march, but its history gives cause for fear that it will resume its destructive course with the return of warm weather.

Entertaining these impressions, we have thought it would be desirable that our readers should be kept fully informed of its progress, and of the means which experience shall point out as best calculated to guard against its invasion and to combat the disease when it appears. With this view we shall devote a special department of this journal to that object.

Notification in regard to Cholera.—The General Board of Health of England has issued the following notification on the 20th of September last:—

"It is the painful duty of the General Board of Health to notify a third visitation of epidemic cholera. This disease again, first breaking out in Persia, has extended within the present year over a large portion of Russia, stretching as far northwards as Archangel, on the shores of the Arctic Ocean; it has ravaged Denmark, Norway, and Sweden, and then developing itself in the north of Germany, it has attacked Stettin, Berlin, Rotterdam, and Hamburg; and subsequently it has appeared in England, again breaking out on its northeast coast, in the near neighbourhood of the town in which it made its first appearance in this country in 1831.

"In this wide-spread course it has everywhere overleaped the barriers which quarantine has erected to stay its progress; and where this means of protection has been most rigidly enforced, it has not only disappointed the expectations of those who have relied upon it as a safeguard, often to the neglect and exclusion of the most important precautions, but has aggravated the evils of the pestilence, and added disastrous consequences of its own.

"The experience already obtained of this pestilence at Newcastle, Gateshead, and Hexham, is decisive that where the conditions are favourable to its localization and development, as is the case in these towns, the disease has lost nothing of its former virulence. In the two former, indeed, the severity of the disease, as far as it has yet extended, has greatly exceeded that of any former visitation, and it has attacked in all those places, as it has abroad, a much larger proportion of the middle and higher classes.

"It is deeply to be lamented that the interval between the last visitation of this pestilence and the present has not been generally employed in effecting a larger amount of improvement in our cities and towns. From such inspections as the General Board have recently been enabled to make of the state of populous districts, the former seats of the disease, in apprehension of its reappearance, they are compelled to state that there are extensive districts, and even entire towns, in which no perceptible improvement of any kind has been effected. On the other hand, there are instances in which, even where no general permanent works of improvement have been effected, better supplies of water, extensive flagging, and paving, more frequent scavenging, and a more active removal of nuisances in epidemic localities have been accomplished. Combined and permanent works, involving elaborate engineering measures, capable of remedying the neglect of years, cannot be effected in a few weeks. But the consciousness of past neglect should stimulate to immediate and resolute exertion, that all which the time requires, and which can be done, may be done. The results, in some instances, even of limited and partial improvements, are highly encouraging. During the present epidemic in Hamburg, which has now been prevailing upwards of six weeks, only six cases of cholera have occurred in the improved parts of the town; and during the whole of the epidemic in the metropolis in 1849, not a single case of cholera occurred in any one of the model dwellings for the poor, occupied by similar classes of the population, though the pestilence raged in the districts in which these buildings are situated, and there were instances of two and even four deaths in single houses close to their walls.

"Even in towns in which the greatest amount of improvement has been effected, and in which works under the Public Health Act are most advanced, much remains to be done, and may be done. Local Boards of Health are invested, under the Public Health Act, with ample powers for cleansing, for the removal of nuisances, for preventing the carrying on of unwholesome or noxious trades in such a manner as to injure health, for preventing the occupation of cellars as dwelling-houses, unless under certain conditions; for preventing the occupation of any dwelling-house which, on the certificate of an officer of health, shall appear to be in such a filthy and unwholesome state as to endanger the health of any person, until such houses have been properly and effectually whitewashed, cleansed, and purified; and for administering the Common Lodging-houses Act, the provisions of which are most important. All those powers should be exercised at the present juncture with extraordinary activity, vigilance, and stringency.

"But, though it may be needful to prosecute the work of cleansing more vigorously than in ordinary periods, yet it should be done under supervision, and with extraordinary care. In removing accumulations of filth, precautions should be taken for disinfection, and for preventing the increase of noxious evaporation. The contents of foul drains, sewers, and ditches should in no case be spread upon the surface, and no large accumulation of filth should be removed, excepting under the direction of a medical officer. The escape of noxious effluvia is far more dangerous in an epidemic than in an ordinary season.

"The evil of overcrowding, so general, not only in common lodging-houses, but in tenements of all descriptions occupied by the poorer classes, especially by the Irish—an evil preventable, and, to a considerable extent, removable—should be at once and by all practicable means reduced.

"Wherever local Boards of Health exist, they should in all cases co-operate with the Boards of Guardians; and it is believed that the Boards of Guardians will, on their part, co-operate with local Boards. The existing means for the extraordinary service now required are divided among independent local jurisdictions; medical officers in England and Wales being under Boards of Guardians; works of sewage, and cleansing in towns, not under the Public Health Act, being under Town Commissioners, acting under local acts; and the enforcement of orders required for the public service being with the magistrates or municipal authorities. It is confidently expected that a common feeling will give precedence to the branch of service specially needed on this occasion, and insure that unity of action which it is the main object of the rules and regulations issued herewith to authorize and promote for the common object.

"Experience has shown that in the case of the actual outbreak of the epidemic, the chief measures to be relied on for checking its spread, are those which prevent overcrowding, remove persons from affected houses, and bring the infected population under prompt and proper treatment during the premonitory stage of the disease. During the epidemic of 1849, an organization for effecting these objects was brought into operation, the main parts of which were, the establishment of a system of house-to-house visitation, the opening of dispensaries and houses of refuge in affected districts for the gratuitous supply of medicines, the establishment of houses of refuge for the reception of such indigent persons as appeared to be in imminent danger, resident in the most filthy and overcrowded houses, the provision of temporary hospitals for the reception of those who could not be properly treated at their own homes, and in some instances the supply of tents for the removal of the most susceptible and destitute classes to a distance from infected localities. The result of this system was, that, out of 130,000 premonitory cases brought under its operation, no fewer than 6,000 of which were on the point of passing into the developed stage, only 250 went into the collapsed stage of cholera, or 1 in 520. But, of the 43,737 cases under visitation in the metropolis, including 978 cases on the point of passing into the collapsed stage of cholera, only 52 actually did so—not 1 in 800; so that, taking together the general result of this extended experience, it appears that the proportion of cases under early treatment which passed from the premonitory into the developed stage varied from 1 in 500 to 1 in 800.

"No doubt is now entertained of the efficacy of this system, or of the duty of local authorities to carry it into effect on the very first appearance of this disease in an epidemic form; and, as none can tell where or how suddenly the pestilence may alight, it is the duty of local authorities to be prepared for the emergency before its arrival. Preparation will be attended with little cost; the power to act with promptitude and efficiency, when the necessity for action arises, will be attended with a great economy of money as well as of life.

"With reference to those precautions against the disease which each individual may take for himself, or the heads of families or establishments for those under their charge, the first in importance are personal and household cleanliness, and the freest ventilation of living and sleeping rooms with pure air; the purity of the air we breathe being even more essential than the wholesomeness of food and drink.

"When the disease has actually broken out and become epidemic in any district or locality, then the one essential precaution is not to neglect for a single hour any degree of looseness of bowels. This symptom being commonly without pain, and so slight that it is difficult to conceive that it can be of the smallest consequence, naturally leads to neglect, and this neglect has cost the lives of thousands. Were any additional proof of this required, it would be found in the events that are now occurring at Newcastle and Gateshead; all the medical men there bear testimony that premonitory diarrhœa is all but universal, and that life depends on an instant attention to this symptom.

"Thus, one physician says: 'He has never yet seen a case without premonitory symptoms.' Another states: 'He has found, in a great number of instances, where the men said they had been first seized with collapse, there had been neglected diarrhœa for twenty-four hours, or even forty-eight hours, or longer.' Another declares: 'In all cases of collapse investigated it is found there had been neglected diarrhœa.' Even in the cases in which death takes place with the greatest rapidity, the suddenness is apparent only, not real; for the fatal collapse is the final but gradual result of diarrhœa neglected for several hours, and sometimes entire days. It must, then, be repeated, that, in any district in which cholera is epidemic, life may depend on obtaining prompt and proper relief for painless and apparently trifling looseness of the bowels.

"The measure of precaution next in importance relates to the proper regulation of the diet. Great moderation, both of food and drink, is absolutely essential to safety during the whole duration of the epidemic period; an act of indiscretion has been often followed by a severe attack; intemperance at such a time is fraught with the most extreme danger. During the epidemic of 1849, sudden and fatal attacks of the disease followed immediately on the indulgence of habits of drinking after the receipt of weekly wages. The intervals between the meals should not be long, cholera being uniformly found to prevail with extraordinary intensity among the classes that observe the protracted fasts common in Eastern and some European countries.

"The utmost practicable care should be taken against fatigue, which is a very powerful predisposing cause of the disease. Employers, and persons engaged in laborious occupations, should endeavour, as far as possible, so to arrange the amount and time of work as to avoid physical exhaustion.

"Warm clothing is of great importance. During the present epidemic in Hamburg, it has been found that incautious exposure to cold and damp has brought on an attack as rapidly as improper food or excess. This precaution against damp is rendered doubly important by the peculiarity of the present season. Long-continued and excessive rains have, in many places, surcharged the ground with moisture, especially undrained and low-lying districts; placing, in many instances, the land contiguous to towns, and beyond the usual range of town drainage, almost in the condition of marshes. The exhalations arising from a surface thus saturated often with water, holding decomposed matter in solution, spread to the towns, and affect the inhabitants, however well drained the immediate sites of the towns may be. The General Board were so apprehensive that disease would be extensively produced by this unusual and dangerous state of a large portion of the country (an apprehension which was subsequently realized by the breaking out of disease, allied in character to cholera, in 60 towns), that in their Notification, issued in December, 1852, they represented to local authorities that this calamity afforded a special occasion for administering extraordinary assistance to the poor, to enable them to keep large fires in their rooms, to protect themselves from cold and damp by warm clothing, to sustain their strength by solid and nutritive diet, and to counteract the predisposition to disease induced under these peculiar circumstances by suitable tonics and other remedies, under medical direction. This representation was made when there was a threatening of the return of cholera; it is now among us, and the General Board would remind the affluent that the opportune supply to their poorer neighbours and dependents of wholesome food, warm clothing and bedding, and even such remedies (to be always in readiness) as their medical attendant may recommend for looseness of bowels, is charity in the truest sense, and may be the means of saving many lives. It is also much to be desired that the General Board would strongly recommend that the higher classes should co-operate with the clergy, who have done so much to promote the object of the Legislature under the Public Health Act, in making frequent visits among the poor, and impressing upon them the importance of following the instructions here laid down, with reference to which there is a perfect accordance between the College of Physicians and the General Board of Health.

"In conclusion, after the large experience of this disease which has been obtained since the General Board of Health issued their first Notification (1848), they can now repeat, with greater confidence, what they then urged—that, formidable as this malady is in its intense form and developed stage, there is no disease against which it is in our power to take such effectual precaution, both as collective communities and private individuals, by attention to it in its first or premonitory stage, and by the removal of those agencies which are known to propagate the spread of all epidemic diseases, or, where that may be impracticable, by removal from them. Though, therefore, the issues of events are not in our hands, there is ground for hope, and even confidence, in the sustained and resolute employment of the means of protection which experience and science have now placed within our reach.

"By order of the General Board of Health,

"C. MACAULAY,

Secretary."

Mortality from Cholera influenced by Elevation.—It was discovered during the epidemic cholera of 1848-9, in London, that the rate of mortality by that disease was nearly in the inverse proportion of the elevation of the ground on which the dwellings of the inhabitants stood. The same relation between the rates of mortality at different elevations, though the deaths have been comparatively few, has hitherto been observed in the present epidemic. The mortality from cholera in the districts at an average elevation of less than 20 feet above Trinity high-water mark has been 31 in 100,000 inhabitants; in the districts of an average elevation of 20 and below 40 feet (20—40 feet) the mortality has been 16 in 100,000; at an elevation of 40—60 feet the mortality has been 11 in 100,000; at 60—80 it has been only 4; at 80—100 only 3. Marylebone, at an average elevation of 100 feet, is the only exception to the law; the mortality has been there 13 in 100,000. At Hampstead, where the elevation may be put at 350 feet, there has hitherto been no death from cholera. Exceptional circumstances disturb the average in particular districts; but it is a general rule that the danger of dying of cholera, and of all plagues, diminishes within certain limits in proportion as the dwellings of the population are raised above the level of the sea.

Mortality by Cholera in the Houses of London at various Elevations.

Average Elevations in feet.	Population, 1851.	Deaths from Cholera in the Ten Wk's ending Oct. 29.	Deaths to 100,000 Inhab's.	
			Obse'd.	Calcu'd series.
350 feet	11,986	0	0	2
100 "	157,696	20	13	5
80—100 "	262,285	9	3	6
60— 80 "	118,992	5	4	8
40— 60 "	513,588	55	11	10
20— 40 "	438,193	70	16	16
20 "	859,496	264	31	31
Under 350 "	2,362,236	423	18	18

The series, col. 5, was obtained by dividing 31, the rate of mortality in the lowest terrace, successively by 2, 3, 4, 5, 6, and 17, in conformity with the law laid down in the Report on Cholera, (p. lxiii.)—*Lancet*, Nov. 12, 1853.

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Cholera in Paris.—The *Union Medicale*, for November 19, contains the announcement of some cases of cholera at Paris:—

" The first case in Paris occurred on the 11th of November. Since that time, several other patients, male and female, have been admitted into the different hospitals. Moreover, there have been observed some cases disseminated in the ninth and eleventh arrondissements. Some died; others, when heard of, were in a dangerous state. But for two whole days no new cases were admitted into the Hôtel Dieu. Premonitory diarrhœa was a constant phenomenon."

The *Union*, of November 22, contains the following:—

" The number of cases in Paris presents no alarming features. It has varied between five and nine a day since the appearance of the last number of the journal. A very few cases have come from the town; the patients admitted into the hospitals have come from the fifth, eighth, and ninth arrondissements. On the 21st (Sunday), there were fewer cases than on the preceding day."—*Med. Times and Gaz.* December 3, 1853.

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Cholera in Berlin.—At Berlin, the cholera has carried off the whole of one family within 48 hours, in the persons of a highly scientific officer, Lieut.-Gen. Teichert, of the artillery, his wife, and 4 children.—*Med. Times and Gaz.* Oct. 8, 1853.

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Preservative Power of Copper in Cholera.—Dr. Routh read to the Medical Society of London, a memoir from Dr. Bury, D. M. P., on the preservative power of copper in cholera. Dr. Bury is the author of a work on "Metallo-Therapica," and it was in carrying out experiments on this subject that his attention was first drawn to this influence of copper. He first related a case of cholera, which occurred in the Hôpital Cochin, in which the external application of a copper band arrested the cramps, and that unmistakably, as, on the removal of the copper plates, the cramps reoccurred. He found subsequently, on inquiry, that workers in copper and brass were remarkably exempt from cholera. This was the result of a careful and personal investigation in nearly all the metallic workshops in Paris in which from 100 to 600 (and over) workmen were employed. The individual workshops were given by name. In all these the mortality never exceeded 5 in 1,000, and in many it was actually null; and this in the midst of a neighbourhood in which the population was decimated. Indeed, in many cases, the wives suffered while the workmen escaped. Dr. Bury was not satisfied with this result, but investigated the matter in other countries—Sweden, Vienna, Russia, Turkey, and England. In all, the same exemption was observed. In many cases, also, it was remarked, removal to a copper mine, or even district, arrested choleraic symptoms. The exemption of Birmingham, Sheffield, &c., he explained in this manner. The individual cases so tested amounted, in round numbers, to about 300,000. A review of all these facts led him to conclude: 1. That nearly all metals with strong electric affinities were in different degrees preservative; but, of all these, copper and steel were most so, the mortality being almost null among workmen engaged in working these two metals. 2. With a view of resisting cholera, he recommended the presence of copper and steel ornaments in rooms, as also plates worn next the skin on the body. 3. In the treatment of cholera, their internal administration, especially copper, in powder in the metallic state, as also application externally of plates.* These plates he calls armatures; these he prefers to the salts of metals. The memoir concluded with an attempt to explain these phenomena, which he did not believe depended on any electric or galvanic influences; indeed, these he considered rather noxious than otherwise. He suggested: 1. That, as in the production of ozone by phosphorus, an atmosphere affected by copper might be so modified that the cholera poison could not exist in it. 2. It might be due to minute absorption of oxide of copper by the skin and lungs, acting in a similar manner upon the system.—*Lancet*, Oct. 29, 1853.

Probability of Duration of Fatal Cases of Cholera.—Of 19,232 fatal cases of cholera (1849) in males, 315 terminated in 6 hours, leaving 18,917 alive; 3,030 died in the next 6 hours, leaving 15,887 alive at the end of the 12th hour; 4,965 died in 12 and less than 18 hours, leaving 10,922, or rather more than half the number of those who die, alive at the end of 18 hours. If a man is to die of epidemic cholera, it is probable that he will die in the first day (24 hours); as out of 19,232 males who die, 10,187 die within, and 9,045 survive, that period.—*Registrar-General.*

SKETCHES AND ILLUSTRATIONS OF MEDICAL QUACKERY.

Advertising! A Peep Behind the Scenes!!—The praises lavished by the press upon a certain pease-meal compound, designated by its vendors Revalenta Arabica, are familiar to newspaper readers. Few, however, may have reflected upon the origin and the price of these praises; and, indeed, till now, the data have not been sufficiently precise for the formation of accurate opinions on these points. We therefore believe that it may interest our readers to read the particulars of an instructive peep behind the scenes, which has been afforded by the *Scottish Reformer's Gazette*, a Glasgow newspaper, distinguished for its uncompromising exposure of quackeries and frauds in every form. In the *Gazette* of Saturday last (November 19), the editor communicates the following history, which is instructive to all who are not so well acquainted as we are with the impure mysteries of puffing and advertising.

Messrs. "Barry, Du Barry, and Co.," the pease-meal gentlemen referred to, forwarded to the editor of the *Scottish Reformer's Gazette* an advertisement, of nearly a column in length, announcing "50,000 cures without medicine, inconvenience, or exposure." They required the insertion of this advertisement upon terms and under stipulations stated in the subjoined letter.

"77 Regent Street, London, 7th Nov. 1853.

"*To the Editor of the Scottish Reformer's Gazette, Glasgow.*

Dear Sir: For the sum of £10, we engage twenty-six insertions of the inclosed advertisement in your paper, in all editions, to appear regularly once every Saturday, commencing on the 12th instant, or this order is cancelled.

"The above price is to include a copy of the paper, with each insertion, regularly forwarded to us; and one of the twenty-six paragraphs, Nos. 1 to 26, here inclosed, is to appear simultaneously with each advertisement, till all the paragraphs have appeared, when the series is to be recommenced at No. 1.

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* These plates may be had of Mr. Weiss, Strand.

"This order to be taken by you conditionally, that you comply with all the above terms; and that no attack upon, or allusion to, ourselves or our goods appear in any other shape in your paper than what we have ordered.

"We inclose a check for £5 on account, which please acknowledge.

"Faithfully,
"Barry, Du Barry, & Co."

The editor acknowledges the "inclosed check," by printing it along with the above letter. It runs thus:—

"Messrs. Alexander Duncan & Co., Glasgow, will please credit the *Scottish Reformer's Gazette*, five pounds on our account.—London, 10th Nov. 1853.

"£5. Barry, Du Barry, & Co."

The uniform and fearless honesty of our contemporary with regard to quackeries might, one might have supposed, have protected him from the offer of a bribe; but we are inclined to think that he only received a circular widely issued to the provincial newspapers, the venality of which is so well understood by deceiving advertisers, as to cause them to issue their bribes indiscriminately, and as a mere matter of trade routine. We lean to this view of the case, from several offers of a somewhat similar description having been made to ourselves. For example, an advertisement was lately sent for insertion in the *Association Journal*, upon condition that the editor inserted the following *morceau* "in his Notices to Correspondents:"—

"C. J. The appliance of Mr. —— is most useful, and has advantages possessed by no other."

Then, again, a firm of beer merchants, brought us editorial puffs *from medical journals*, of their system of doing business (which system, by the way, has led to an offer of five shillings in the pound), with a demand of similar compliments from us, as the *Association Journal* had been equally favoured with their advertisements.

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Poisonous Puffs and Rascally Quacks — You may take up, or, what is of more consequence, your little boy or girl may take up, a newspaper, and read, on one side of it, a leading article which might be preached out of a pulpit; on the other side a series of turpitudes unfit for utterance under any circumstances. These atrocities are heightened to the point of perfection by the circumstance that they are the puffs of a set of rascally quacks, not the least mischievous of whose suggestions are the recommendations of their own medicines, poison for the body, which they vend to simpletons, whilst they disseminate mental poison gratis, both in the advertisements themselves, and in books which form the subject of them, in addition to other poisons. As the newspaper proprietors, whose journals are sullied by these putrescences, may be of opinion that the odour of gain, from whatever source derived, is agreeable, and therefore preserve them as rather fragrant than otherwise, the following exhortation has been addressed to their customers: "It rests with you, with you alone, newspaper-readers, to stop the torrent; and you can do it, without expense, and with but little self-denial. Let each individual that receives this appeal write without delay to the editor of the paper he reads, whenever he sees it defiled by one of these easily recognized advertisements, and say that, unless its insertion is discontinued, he cannot, in conscience, any longer patronize the publication. Whatever your station may be, you can do something; and the higher it is, the greater is your influence and responsibility. On country gentlemen rests mainly the persistence of the evil in provincial papers; they can, and we trust they will, stop it. Let, too, each one of you that are advertisers, be you publishers, men of business, authors, masters seeking servants, or servants seeking masters, refuse to appear any more in such company, and let it be known at the newspaper-office why you withhold your patronage." The above paragraph is extracted from the prospectus of a society which has been formed for the special purpose of suppressing this villanous puffery. The association is entitled "The Union for Discouragement of Vicious Advertisements," and we hope it will succeed in closing a channel of communication which has all the qualities, except the utility, of a gutter.—*Punch.*

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

A Man who has slept Five Years.—The following curious narrative is said to be drawn up by Dr. F. TUTHILL, and its correctness is vouched for by the editor of the *New York Medical Gazette.* We see it stated in some of the late papers that the subject of this account has very recently died.

"We called yesterday to see the man who has been asleep for five years, and whose case was detailed in the *Times* some weeks since. We found him in what seemed like a sound sleep. He was lying in bed, his eyes nearly closed, his respiration rather slower than is usual, his breathing a little stertorous, pulse some seventy-five strokes in a minute, soft and weak. On attempting to open his eyes, he firmly closed them, and when, by force, the lids were opened, the eyes were rolled upward, so that it was impossible to see the pupils. The mouth was slightly opened; on attempting to open it wider, the jaws were instantly locked. There was a constant tremor of the eyelids, and from the mouth there was some drivelling. His body was extremely emaciated; his arms were folded upon his breast, and any attempt to remove them was strongly resisted. The muscles seemed rigid and tense when the effort was made, and, indeed, it was impossible, without violence, to change at all the position of his limbs. Once during our stay, he drew a long breath, like a man who is about to turn in his sleep. At another time, he hitched himself up a little in bed. He was lifted up bodily and seated on the side of the bed; his head was still bent forward on his chest, his legs crooked under him at the same angle, and his arms folded as when he was lying. There was nothing to indicate that he would not retain the same position for weeks, We lifted one foot; the other came up with it. There was little or no bending at the knee or at the hip; the feet were raised only as the upper part of the body was carried backwards. He was placed standing upon the floor. It required a few moments to balance him exactly; after that he stood in the same position so long as we remained; there was nothing to indicate that he would not maintain the same posture for a month.

"This certainly is a most marvellous case. There is not the slightest chance for any collusion or deception in the matter. Many of our best physicians have examined him—none, so far as we can hear, believe any deception in the case to be possible. From physicians in the western part of New York, and from men of the highest standing, we are assured that the story which is told of him is perfectly true.

"His name is Cornelius Vroman; he was born in Schoharie County, but has lived, since he was seventeen years of age, in Clarkson, Monroe County, not far from Rochester. He was a hard-working man, a good worker, temperate, trusty, and, at the time when his strange sleep came on, he was working on the farm of Mr. Moses Jennings. His mother is dead; he has a father and two brothers living in Clarkson. On the 19th of June, 1848, he felt unwell enough to call in Dr. John S. Cole, who found him complaining of some pain in the stomach and in the head, for which he prescribed. After this, without becoming any more sick, his sleep each night grew longer, until at last it was found impossible to wake him. Out of this sleep he has never come, to remain wakeful for more than sixteen hours at a time; and the aggregate of all his waking hours since the seizure is not over three days. At first they were oftener, but now the waking intervals recur about every six weeks, The last time he awoke was while he was in Rochester, some ten weeks since, which gives us a hope that his waking-hour now approaches, and that we may see him in his wakeful condition. When awake, he seems totally unconscious of his peculiarity, and has said some things which indicate that he remembers matters as they were before his change. They say that he straightens himself up then, and walks as limberly as others. Yet now, to handle his limbs, we fear that they must be partially anchylosed. But on this point we are not satisfactorily informed.

"His diet consists principally of milk, sometimes with a little bread soaked in it. It is with some difficulty that it can be administered. The jaws must be forced open as in tetanus, and the liquid poured in between his teeth. Once, he went without any food for five days; but his friends objected to any farther conduct of the experiment, though there was no change in his symptoms during that time. When the seizure occurred he is said to have weighed 160 pounds; now, he cannot weigh over 90 pounds. His height is six feet two inches. The secretion of the kidneys is discharged once or twice a day; it is very high coloured, and not much diminished in quantity.

Possibly it is from habit, possibly from some remains of consciousness, that in this matter he is subject to the wishes of his attendants. The alvine evacuations are very scanty, occurring not oftener than at intervals of from six to twenty days.

"Once he was left standing for three days; there was no change in his position during that time."

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Donation to Harvard College.—Dr. Geo. S. Shattuck, of Boston, has made the munificent donation of fourteen thousand dollars to Harvard College, for the purpose of placing on a permanent foundation the professorship of morbid anatomy in that Institution. The professorship, by a vote of the President and Fellows of the College, is to be called the "Shattuck Professorship of Morbid Anatomy."

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State Medical Society of Delaware.—At the annual meeting of this Society, held June 21, 1853, at Dover, the following delegates were elected to represent the Society at the next meeting of the American Medical Association:—

For *New Castle Co.*—Drs. Askew Cooper and Thomson.

Kent.—Drs. Clark, Mitchell, and Moore.

Sussex.—Drs. Hall, Maule, and Wolf.

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The Peninsular Journal of Medicine and the Collateral Sciences.—This is the title of a spirited journal edited by E. Andrews, M. D., Demonstrator of Anatomy in the University of Michigan, and published monthly at Ann Arbor, It contains some piquant articles on quackery, by "Corporal Bullhead, of the army of Quackkillers," who appears to be a descendant of Captain Bobadill, whose scheme for destroying the enemy is certainly very analogous to that of his great prototype, and appears to be equally plausible. Most ardently do we wish him success, and cheerfully would we shed the last drop of our *ink* to aid him in his laudable enterprise.

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Infirmary for the Treatment of the Accidents of Parturition.—We are happy to learn that Dr. J. Marion Sims, formerly of Montgomery, Alabama, whose writings, and especially his valuable paper on the treatment of vesico-vaginal fistula, published in the *American Journal of the Medical Sciences*, has gained for him much reputation, has been relieved from the disease which has disabled him for several years, and that he is now restored to health and usefulness.

He announces that he has selected New York as his future place of residence, and opened there an Infirmary for the treatment of the accidents of parturition, such as injuries of the bladder, rectum, perineum, &c., and that he has made arrangements for the accommodation of patients from a distance, by which they may enjoy the comforts of home.

His address is 79 Madison Avenue, New York.

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American Medical Association.—The seventh annual meeting of the American Medical Association will be held in the city of St. Louis, on Tuesday, May 2, 1854.

The secretaries of all societies and of all other bodies entitled to representation in the Association, are requested to forward to the undersigned correct lists of their respective delegations *as soon as they may be appointed;* and it is *earnestly* desired by the Committee of Arrangements that the appointments be made at as early a period as possible.

The following are extracts from article second of the constitution.

"Each local society shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half of this number. The faculty of every regularly constituted medical college or chartered school of medicine shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital containing a hundred patients or more, shall have the privilege of sending two delegates; and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate."

"Delegates representing the medical staffs of the United States Army and Navy shall be appointed by the chiefs of army and navy medical bureaux. The number of delegates so appointed shall be four from the army medical officers, and an equal number from the navy medical officers."

The latter clause, in relation to delegates from the army and navy, was adopted as an amendment to the Constitution at the last meeting of the Association, held in New York, in May, 1853.

E. S. LEMOINE,
One of the Secretaries, St. Louis.

The medical press of the United States is respectfully requested to copy the foregoing.

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Obituary Record.—Died, at Port Gibson, Miss., Dr. D. D. Irwin.

At a meeting of the Physicians of Port Gibson, Claiborne County, Miss., Nov. 24, 1853, it was

Resolved, That the members of this meeting wear the usual badge of mourning for thirty days, as a mark of respect for the memory of our late friend and brother, Dr. D. D. Irwin (who died of yellow fever in this town, September 26, 1853), and that this resolution be published in the *American Journal of Medical Sciences*, Philadelphia, and the *Medical and Surgical Journal*, New Orleans. Signed by

R. W. HARPER, *Pres't.*
W. McN. RUSSELL, *Sec'y.*

FOREIGN INTELLIGENCE.

Influence of Human Effluvia in the Production of Disease. By R. D. Grainger, Esq.—According to my own opportunities of observation, the most injurious of all causes operating in the diffusion of epidemic diseases are the effluvia proceeding from the human body, and especially from the lungs and the skin. The special deleterious agent consists of the effete, and as it has been proved experimentally, highly putrescent organic matter, mingled with the expired air. That it is, when reintroduced into the living body, liable to be highly injurious, may be inferred from the fact of the careful provision made by nature for its incessant elimination from the system. That it is small in amount is no objection to the intensity of its action; for, to the physiologist, it is well known that a minute quantity of a powerful agent—the putrid matter introduced on the point of a needle in the inspection of a dead body—a single drop of concentrated prussic acid placed in the mouth of an animal—is sufficient to destroy life. It is in overcrowded bedrooms, in unventilated schools, workhouse dormitories, &c., that this effete matter taints the air, and, entering the blood, poisons the system. That the remarkable diminution in the amount of carbonic acid evolved from the lungs, where persons, as in crowded and unventilated apartments, breathe an impure atmosphere, acts in such cases injuriously, admits of no doubt; but the evil, *quoad* the development of fever, scarlatina, cholera, and so forth, depends on the organic and not on the chemical products of respiration. As one indication of this, it may be explained that it is possible, under certain circumstances, to observe the action of the former when separated from the latter. As soon as the expired air quits the body, the matters of which it consists have a tendency to separate; and as regards the two substances under consideration, the carbonic acid mixes with the atmosphere on the principle of diffusion, whilst the animal excretion, no longer held in solution by the colder external air, is deposited, and particularly clings to woollen articles, as bedding and clothes, which last, as it is well known to medical men, clergy, and others, will often retain for hours, or even longer, a foul smell from this cause alone. When this matter from neglect is allowed to accumulate, it will affect the health. An instance of this was mentioned to me by the surgeon of a large pauper school, where the health of the boys was decidedly improved by substituting for the usual dress, clothes capable of being readily washed.

It is, however, familiar to all practitioners that human effluvia especially exhibit their poisonous influence when either multitudes of human beings are crowded together, or where a smaller number are placed in confined and unventilated sleeping places. Many instances of the influence thus excited on all kinds of epidemic disease have come under my notice; but only a few illustrative examples can here be adduced. In making these selections, it will be my object to present instances which, as far as possible, display the operation of some one individual agent; for when, as usually happens among the poor, a multitude of unfavourable conditions are present, it is extremely difficult to define and demonstrate the deleterious agency of each.

The following case illustrates the effects of overcrowding, in respect to cholera: During the epidemic of 1849, the inmates of a reformatory establishment for young women suffered intensely from the pestilence; 40 out of a total of 96 being attacked, and 15, or rather more than 15 per cent., dying. Now, these poor sufferers were previously in perfect health; they were well fed, well clothed, and, in short, carefully tended; but the dormitories were low and much crowded; the windows, for the sake of seclusion, were partly blocked up, which greatly interfered with the ventilation. After a careful examination, I could detect no other cause than this for the sudden outbreak, occurring at a period when there was little cholera in the neighbourhood.

As regards the influence of overcrowding on the development of low fever, I may appeal to the experience of every medical practitioner whose duties call him much among the poor. It matters not whether we speak of the closely-packed common lodging-house; of rows of houses built back to back; of the small, unventilated, and often single sleeping apartment of the mechanic; or of the ill-built cottages of the rural districts, with their one bedroom, overhanging thatch, and small lattice; wherever, either from numbers or the want of ventilation, we have the fetid, sickening air generated by human effluvia, there, assuredly, we shall find fever. Although observed especially among the poor, fever as it occurs in this country is not, however, essentially dependent on poverty and destitution; want may, indeed, aggravate the evil, and actual famine (as we unhappily saw a few years ago in Ireland, and in the inhabitants of Ireland who fled to the manufacturing districts of England) may give immense development to typhus; but, that persons well fed, living in comfort, and in strong health may suffer severely from low fever, is shown by a large experience.

One of the best illustrations, perhaps, is furnished by the sailors belonging to the collier vessels frequenting the Thames. These men, as a body, are in the prime of life, robust, and well fed; but, as I found, by examining many of these vessels, the place were they sleep, the forecastle, is excessively small and confined; with this serious additional evil; that as the hatchway is usually flush with the deck, it becomes necessary, whenever there is much sea, to close it down, when the unfortunate sailors must be without any window, as if shut up in a close box. When, too, the vessels come to London, as only one man is required to keep watch at night, all the sailors are crowded at the same time into their closely-packed berths. Some years ago, the attention of Mr. Busk, the distinguished surgeon of the Seaman's Hospital Ship, was attracted to the large number of typhus cases which were admitted, amounting in 1841 to 147, and in 1842 to 167; and to the fact that, of all the vessels in the Thames, the colliers were most subject to fever. In investigating this question, I could detect no other cause than the polluted air which these men must have breathed in the confined forecastle. That there is nothing connected with a sailor's mode of life to expose him to typhus, is proved by the experience of well-managed vessels; and as one among the many proofs which might be adduced, I may mention that Mr. Clark, who made ten voyages to India, as surgeon to Messrs. Green's fine vessels, never had a single case of typhus.

To those who are practically acquainted with the poorer parts of populous towns, it would be needless to point out that the common lodging-houses inflict an almost incredible amount of evil on the community. They are the common foci of all epidemic diseases; they frequently are the means of introducing smallpox into the locality where they are situate, and they are a never-failing source of expenditure to the parochial authorities. Although other sources of sickness may prevail, filth, neglect, and destitution (this last, however, by no means so often as supposed), the one prevailing evil and special characteristic is enormous overcrowding, carried to an extent which those unacquainted with the subject can scarcely even in idea realize. In the recent valuable report of Captain Hay, the Commissioner of Police, appointed to superintend the carrying out of the Lodging-House Act in the metropolis, and to whom so much credit is due for carrying into operation a difficult and novel measure, some remarkable illustrations are given. In one eight-roomed house, 103 persons, the population of a hamlet, were herded together; in one room, 14 feet 6 inches square, thirty-seven people were found lying huddled together on the floor. In many of these instances, the space for each inmate could not have been more than 40 cubic feet; whilst the lowest amount required for health in a sleeping-room is 500 cubic feet, or twelve times the amount. My own experience corroborates these statements of Captain Hay. On entering some of these deplorable places, I have found every possible space occupied by men, women, and children; and an atmosphere so fetid as to be almost overpowering to a stranger; causing, indeed, in some instances, nausea and actual vomiting.

That persons habitually breathing an air thus polluted by poisonous exhalations should become the victims of zymotic disease, can excite no surprise. As to low fever the amount is enormous. I had occasion, two years since, to examine some of the courts in Gray's-inn lane, and in one of them was a lodging-house in which alone twenty cases of fever had occurred in two months. Another and more marked instance was lately mentioned to me at Leeds, in which seventeen cases of typhoid fever were, about two years since, received in one week at the House of Recovery from two of these lodging-houses; the cost to the parish for this week's work being £50.—*Dub. Med. Gaz.* Sept. 7.

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Importance of Pure Air.—The venerable Dr. FARRE, of London, thus forcibly points out the importance of pure air:—

"In an examination before a Committee of the House of Commons on the 7th of August, 1832, I had occasion to state the relative value of pure atmospheric air, as vital food, to the grosser aliments of bread, flesh, and water.

"If a human being be deprived of these aliments, he dies in a period varying from eleven to nineteen days; but, if atmospheric air be excluded from his lungs, he dies in one minute; therefore, the relative value of atmospheric air to water, bread, and flesh, is as fourteen days to one minute, and the *deterioration* of the atmosphere in which human beings are residing, produces a deleterious effect on life *in proportion* to that deterioration."—*Med. Times and Gazette*, Nov. 12, 1853.

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Existence of Syphilis in France in the First Century of the Christian Era.—M. BECQUEREL communicated to the Medical Society of the Hospitals of Paris the inductions of an antiquary of the Côte d'Or, who, in the ruins of a temple situated near the source of the Seine, where it was the custom to take baths, met with a number of inscriptions, ex-voto, attesting the cure of different diseases of the genito-urinary apparatus by the use of the waters. These *ex-voto* were lithographed, and they were seen to record examples of tumours of the scrotum, of buboes, of destruction of the penis, and of other alterations which might be referred to syphilis. If these conclusions be correct, it establishes the fact of the existence of syphilis in the thirtieth year of the Christian era. A commission, consisting of MM. Legendre, Requin, Becquerel, and Gillette, was appointed to examine the evidence.—*Ibid.* from *L'Union Méd.*

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Nickels's Newly-invented Elastic Adhesive Plaster.—This is an improvement in some respects, as adapted to certain cases, on the old adhesive plaster. The adhesive material being spread on an elastic fabric, manufactured expressly for the purpose, the plaster possesses a great degree of elasticity, and allows a free expansion and contraction of the muscles, whilst the circulation is unimpeded. No external bandaging is required. It seems particularly applicable to wounds and sores on the face or hands; or it may be moulded to, or laid on, any prominence or cavity. It is tinted of any colour, and is manufactured in fabrics of silk, cotton, or woollen, and of any strength.—*Lancet*, Oct. 29, 1853.

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OBITUARY RECORD.—Died, lately, in Italy, Prof. KRAMER, of Milan, a distinguished chemist. This event has given rise to the mistake which has been made in some of the foreign journals, of announcing the death of Dr. Kramer, of Berlin, the author of a well-known work on diseases of the ear.

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Todd and Bowman's Physiological Anatomy and Physiology of Man.—The delayed appearance in London of the conclusion of this work prevents our continuing it during the present year, the *News* for 1853 having contained all that has yet been published. As soon as the remaining portion is issued, it will either be resumed in our columns, or else published separate in mailable form, by which it can easily be procured by subscribers. Of this, due notice will be given.

Subscribers for 1853, who do not possess the commencement of this work (Parts I, II, and III, embracing the first 552 pages), can obtain it, in one volume, free of postage, by mail, on remitting $2 50 to the publishers.

THE MEDICAL NEWS
AND LIBRARY.

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CLINICS.

Statistical Report of the Principal Operations performed in the London Hospitals during the Month of November, 1853.

Lithotomy.—Four cases were left under treatment by our last report. Of these, two have recovered, one remains under care, and a fourth has died. In the latter, death was due to a low form of inflammation of the lungs which supervened some weeks afterwards. The wound was nearly healed, and the parts in the pelvis were in a healthy condition.

During the month, five operations have been performed. Of these, one, a child, aged 4, is recovered; a second, a child, aged 3; two others, adult men of the respective ages of 59 and 60, are doing well. One patient, an infant of sixteen months old, has died. Unusual difficulties had attended the operation, which was prolonged; death took place forty hours afterwards, and was caused by inflammation of the cellular tissue within the pelvis.

Lithotrity.—The patient, whom we mentioned last month as under Mr. Cutler's care in St. George's Hospital, has been discharged well. The operation was repeated several times during the last month.

Herniotomy.—Number of operations, 15; recovered, 10; still doubtful, 2; died, 3. *Sac opened* in 8, of which 6 are out of danger, and 2 dead. In those recovered, the periods of strangulation had been respectively 4, 8, 12, 24, 40, and 72 hours. In one of the fatal cases the patient was a man aged 62; strangulation had existed for eight hours only, but the tumour was of enormous size, quite as large as a child's head, and had been much abused by efforts at taxis. The strangulation was very tight, and the intestine intensely congested. The man was extremely depressed at the time of the operation, and he afterwards gradually sank, and died within seven hours. Death was

Published monthly by BLANCHARD & LEA, Philadelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage to the subscriber.*

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apparently caused by exhaustion, consequent on the shock to the system. No farther lesion was discovered at the *post mortem*, and the congestion of the bowel had somewhat decreased. In the other, strangulation of a large inguinal hernia in an old man had existed upwards of 120 hours. The patient was almost moribund when subjected to the operation. The bowel was found to have ulcerated, and fœces at once escaped when the sac was opened. Death took place thirty-six hours afterwards. *Sac unopened* in 7, of which 4 are recovered, 2 are yet in danger, and 1 is dead. In the recovered cases, strangulation had existed for the respective periods of 12, 18, 48, and 120 hours. In those yet under treatment, it had existed for 30, and 6 hours. It must be stated, respecting the case which did well after 120 hours' strangulation, that the symptoms had not been severe. There had, however, been constipation and a tendency to sickness present throughout. The patient in the fatal case was a woman aged 60; a femoral hernia had been strangulated sixty hours. She did well in respect to the intestinal lesion, but died of chronic bronchitis on the fifteenth day after the operation.

Trephining of the Skull.—This operation has been performed in one case for the relief of compound fracture with depression and laceration of the dura mater. The patient died in less than one hour afterwards.

Ligature of Arteries.—In the London Hospital the following have been performed: Ligature of both ends of the brachial, on account of wounds from which most profuse hemorrhage had occurred. The patient, a little girl, is doing well. Ligature of both ends of brachial in two cases, and of the temporal in one, on account of wounds. All the patients are convalescent. In St. Mary's Hospital a man was admitted after an accident with glass, in which all the parts in front of the forearm had been divided. He was all but dead from bleeding. Mr. Lawrence, the house surgeon, immediately placed ligatures on both ends of the radial and ulnar vessels, as also on one of the muscular branches. The patient rallied and seemed in a hopeful condition for a day or two, but subsequently died from sloughing of the arm.

Mr. Hilton's case, in which compression is being tried for the cure of popliteal aneurism, remains under treatment.

Amputations.—The cases which remained under care last month may, with two exceptions, be considered well. The exceptions are both amputations of the thigh; one, primary, is in a doubtful condition; the other, secondary, has ended fatally. The latter case is that of the Irishman, under Mr. De Morgan's care, in the Middlesex Hospital, who refused to have the limb removed when first proposed. The amputation was done a month after the injury, and death from exhaustion occurred thirty-five days later. Much visceral disease was discovered at the autopsy.

There were performed during November, 16 amputations, out of which two patients have died; in one there is at present suspicion of phlebitis; and the rest are doing well. Of the fatal cases, one is that to which we alluded last month, under the head of "*Excision of Joints, etc.*," as having had a gouging operation performed on the head of tibia; since which the inflammation had invaded the knee-joint. Amputation of the thigh was performed five weeks after the previous operation, and the patient, a young woman, for the first week did well. On the ninth day a severe rigor occurred, and she rapidly sank, and died within twenty-four hours of the accession of serious symptoms (incipient pyæmia?). No *post mortem* was permitted. The other fatal case is one of which the subject was an old man who had his thumb and little finger, with their metacarpal bones, removed on account of a crushed hand. He was cachectic, and had, in addition, lost much blood. Three days after the operation, erysipelas and hospital gangrene set in; they subsequently spread up the arm, and death took place on the eighth day. Gangrene was at the time prevalent in the hospital. The case in which phlebitis is feared is one of primary amputation of the arm. Of those which are doing well, three are primary amputations of the leg, and one of the greater part of the hand. One, secondary, of the thigh, in a boy aged 14; one, secondary, of the arm, two months after a compound fracture of the olecranon; one of the forearm for gangrene on the fifth day, after a compound and comminuted fracture of the radius into the wrist-joint, in a boy aged 9; one of the whole hand, excepting the thumb and index finger; one of the thigh for strumous disease of knee-joint, in a girl, aged 11; one of the arm for diseased elbow-joint; one of the forearm on account of destruction of the wrist-joint, and disease of the carpus following traumatic erysipelas, in a man, aged 30; one of the middle, ring, and little fingers, with the greater part of their metacarpal bones, for epithelial cancer of the hand; one of the great toe, for diseased joint following bunyon.

Excision of Loose Cartilage from Joint.—In St. Mary's Hospital, Mr. Lane has removed a loose cartilage from the knee-joint. The patient has recovered without a bad symptom.

Excision of Bones, Joints, etc.—The cases reported last month are all progressing as favourably as could be expected, with the exception of the one in which Mr. Hilton had gouged out the carious head of the tibia, and which we have above placed under the head of "*Amputations.*"

During November, there have been performed—Excision of the head, neck, and great trochanter of the femur, by Mr. Erichsen, in University College Hospital. The patient, a boy, aged 14, was extremely reduced by hip joint disease, and has since much improved. The bone was dislocated on to the dorsum ilii. Excision of the left upper maxilla, by Mr. Cock, in Guy's Hospital, on account of malignant disease. The patient, a man, aged 50, has done well. Excision of parts of the tarsus and metatarsus, on account of carious ulceration, have been performed in five cases, in three of which the os calcis was involved. Excision of the distal two-thirds of the entire thickness of the metacarpal bone of the index finger, and the same operation on the ring finger in a second case, on patients respectively under the care of Mr. Partridge, in King's College, and Mr. Hilton, in Guy's Hospital.

Trephining Operation for Abscess in Bone.—Mr. Simon's patient has left the hospital; the cavity filled up, and the sore almost healed.

Removal of Necrosed Bone.—Of the 21 cases left under care by last report, 10 have been discharged, and the others remain under treatment. Ten operations of this class have been performed during the month, but none of them require especial comment.

Excision of Malignant Growths.—All the cases previously reported have recovered as far as the operation is concerned; in several the disease is already returning. Six patients have been operated on during the month, of which four were for scirrhus of the breast, one for chimney sweep's cancer of scrotum, and one for epithelial of the hand. (See "*Amputations.*") All the patients are doing favourably. The case of chimney sweep's cancer is under the care of Mr. Fergusson, in King's College Hospital. The entire scrotum and the skin of the whole penis, with the exception of a strip on its dorsum, had to be dissected away.

Excision of Non-Malignant Growths.—Mr. Cock's case of nasal polypus remains under care. The remainder of those previously reported are recovered. During November, 19 operations have been performed, the subjects of which, with one exception, in which death has occurred, are doing well. Several of them have been for diseases of a recurrent, if not of a semi-malignant character. One of the latter was a tumour, microscopically a fibroid structure, from the back of a little girl, from whom, on two previous occasions, medullary growths have been removed. Another of fibroid and once recurrent, from over the patella of a young man. A third of similar character, from over the front of the tibia. One of sero-cystic tumour of the breast. The cases of a strictly innocent character are fatty tumours, 4—2 of large, and 2 of small size; encysted, 6—3 of which had attained very large dimensions; fibrous, 2—both from the front of patella; fibro-cartilaginous 1, situated under the parotid; exostosis, 2—1 of the femur, and 1 of the humerus; chronic mammary, 2—in both of which the gland was left uninjured; hydatid tumour in the female breast, 1. The fatal case was the one of exostosis from the humerus. The tumour had a large flat base, and its excision involved a long operation. The subject, a healthy boy of 13, afterwards suffered much from sickness and constitutional disturbance, probably produced by the chloroform. He never subsequently got into a satisfactory condition, but gradually sank, and died on the twelfth day. No cause of death was discovered at the *post mortem.*

Operation for Urethral Stricture.—In King's College Hospital, Mr. Fergusson performed the perineal section of a stricture through which no instrument could be introduced. He cut down on the end of the sound in front of the stricture, and then carried his incision backwards, and without difficulty opened into the urethra behind it. A flexible catheter, of full size, has since been retained in the urethra; the wound is closing, and no urine escapes by it. The operation of opening the membranous urethra behind strictures, to allow of the escape of urine, by an instrument there introduced, has been performed in two cases. An operation which amounted to the same measure has also been performed in the case mentioned last month under the care of Mr. Shaw; a large quantity of calculous fragments were removed from a cyst just anterior to the prostate. In a case of old-standing perineal fistula, the result of a traumatic stricture now fully dilated, Mr. Adams, in the London Hospital, made a free division of the diseased structures up to the urethra. The wound has since granulated well, and promises to heal. All the above cases, as also those reported last month, remain under treatment.

Paracentesis Thoracis.—Dr. Bennett's case of empyema, of which mention has been made for several successive months, has terminated fatally. Death was caused by the bursting of a large abscess in the liver into the peritoneal cavity. As far as the condition of the thorax was concerned, the patient was doing well.

The operation has been twice performed during the month by Mr. Prescott Hewett, on a patient in St. George's Hospital.

Paracentesis Abdominis.—In 16 cases. Ovarian dropsy, 7, of which 1 has ended fatally; the others are well, as regards the operation, but under care for the original disease. Ascites, 9; of which 2 have died, and 7 recovered. In one, death was due to the organic disease previously existing; in the other, it was consequent on the operation, or at least materially hastened by it. The patient, a woman, aged 56, died exhausted rather suddenly twenty-four hours after its performance. She had structural disease of heart, lungs, and liver.

Ligature, etc. of Nævus.—Operations for the cure of nævus have been performed in 7 cases, in most of them with success. There were points of unusual interest connected with several of them, which we propose at some future time to enter upon in detail. Most of them yet remain under treatment.

Tracheotomy. — The cases previously mentioned are yet in the condition they were at last report. The operation has been performed in one case for what was believed to be inflammatory obstruction in the larynx. The patient died five hours afterwards, and at the *post mortem* the larynx was found healthy, but there was discovered an aneurism of the arch of the aorta, over which the recurrent laryngeal nerve was stretched, and through which, bathed in blood and much thinned, the trunk of the pneumogastric passed.

Fistula in Ano.—The cases reported upon last month are, with one exception, recovered. Six other operations have been performed, and the patients are doing well.

Operations for the Cure of Ununited Fracture.—Mr. Paget informs us, that in his case, in which setons had been employed, there now appear some evidences of consolidation between the bones. The patient has left the hospital. During the month Mr. Lloyd has operated on a case of ununited fracture of the lower third of the humerus in a young and apparently healthy man. The operation consisted in laying freely open the false joint, and applying the actual cautery to the ends of the bones. The case is yet under care, and appears thus far to be doing satisfactorily.

Plastic Operations.—In a case under the care of Mr. Quain, in University College Hospital, an opening into the nostril has been closed by a transplanting operation. It is intended to perform a second on the same patient for the relief of an ectropium. *Hare-lip.*—Five cases of single hare-lip have been successfully operated on. *Vesico-Vaginal Fistula.*—None of the cases previously reported are as yet quite cured. *Cicatrix after Burn.*—The case reported last month, as also another since operated on, remain under treatment. *Webbed Fingers.*—A girl, aged 6, is under Mr. Hilton's care in Guy's Hospital, on account of webbed fingers. The middle and ring fingers of both hands were affected, and, in the left hand, the joint between the first and second phalanges was deficient. Mr. Hilton has divided the superfluous webs of integument, and, to prevent their reunion, has fastened portions of whipcord, padded with lint, so as to press into the commissures of the adjacent fingers. The process of healing progresses favourably.

Employment of Galvanic Cautery.—Mr. Marshall's cases remain under treatment;

in that of perineal fistula, the cautery has been again applied.

Operations for Cataract.—Extraction.—In one case, a woman, aged sixty, had the lens extracted; shortly afterwards severe vomiting came on; and the contents of the globe escaped. The patient recovered, with a collapsed eyeball. *Solution.*—Two cases are under treatment, and have had several operations performed; both are doing well. —*Med. Times and Gaz.* Dec. 24, 1853.

CHOLERA.

Cholera.—This disease does not at present prevail to any extent either in Great Britain or France; still, it lingers there, giving rise to apprehensions that the heat of summer will excite it to renewed activity, and that it may then again become epidemic.

In London, the number of deaths registered from cholera, in the week ending December 24, was 7, all in the east districts. Ten deaths from cholera were registered in the week ending December 31, two in the central districts, seven in the east, and one in the south.

As yet there has been no day in which cases of the disease have not occurred in different parts of the country, but in England it has rarely assumed an epidemic character. In Scotland, the disease has been steadily persistent, and in several places has assumed an epidemic character. A decided outbreak has taken place at *Glasgow*. There were recorded, from the 17th to the 25th December, 17 deaths from this disease. On the 26th, there occurred suddenly 36 attacks in the city parish alone, and 10 deaths in the barony parish. This was followed the next day, the 27th, by 28 attacks and 9 deaths in the city parish, and 13 attacks and 5 deaths in the barony parish. Since the commencement of the epidemic there have occurred, in Dundee, 315 deaths; in Liff and Benvie, 20 deaths; in Leith, 9; in Kilburnie, 15 deaths and 100 attacks of diarrhœa; in Dalry, 14 attacks of cholera and 9 deaths; in Arbroath, 20 deaths; in Beith, 7; and in Kilwinning, 60 cases of choleraic disease, 13 cases of developed cholera, and 10 deaths. A very severe outbreak of cholera has recently occurred at Redruth, in Cornwall. Out of a population of about 11,000 there have occurred from September 28 to December 23, from cholera, 41 deaths. At Liverpool, since the early part of October, there have been nearly 100 cases.

In Paris the disease, it is stated in the latest French Journals, does not sensibly increase; the average number of deaths in the latter weeks of November was about six per day.

Treatment of Cholera in the London Hospitals.—In an article on this subject in the *Lancet* (Nov. 5), it is said: It would be a very difficult task to say which treatment has been found to yield the best results, for some patients have died with sulphuric acid, and others have recovered where the same remedy was used. Calomel and opium, in small and large doses, have also given varying results, though we must say that the only man who to our knowledge has had saline solutions thrown into his veins, sunk under the disease. Mr. Stocker, the resident medical officer at Guy's, found that warmth resulting from good bed-covering, the pure air of the ward, after the close atmosphere of poor dwellings, moderate stimulants, and means to combat vomiting, have answered pretty well. Dr. Hughes, of the same institution, has had several cases which he treated on the established principles of therapeutics, without trusting to specifics—starch and opium enemata, hydrocyanic acid to check vomiting, support, warmth, &c. The results have been various; one patient, however, whose symptoms had been very severe, recovered with this treatment, whilst there is one in the Petersham Ward at the moment we are writing, who is dying with secondary fever, poisoned with urea in his blood.

At Guy's there have been altogether about ten cases, of whom five have died. It is worthy of remark that in the last epidemic, when cholera cases were not admitted, none occurred among the inmates of the hospital; whilst this time, when cholera patients are freely received, several cases have been noticed among the sick in the wards, who had been admitted for other diseases. Among these we may mention a girl, twenty years of age, who came to the hospital with gonorrhœa; she was attacked with cholera, and died in twenty-four hours. Also the case of a sister at St. Bartholomew's Hospital, who had attended the cholera patient under the care of Dr. Burrows, with great care and solicitude. We well recollect that she gave us with much earnestness full details touching the patient just named, who had succumbed to the complaint, and soon afterwards she was attacked herself and died in a few days. We are not contagionists, but must confess that this looks very much like immediate transmission.

At the German Hospital three men have died, one of whom was destroyed by consecutive pneumonia. The principal treatment of cholera was moderate support, with very small doses of calomel and opium. At the London Hospital one man died pretty rapidly of the complaint, but the cases have by no means been numerous since.

At St. George's, Dr. Bence Jones had a case which did not present the usual *post-mortem* appearances of cholera, nor all the symptoms of the disease during life. At the University College, Royal Free, and King's College Hospitals, no cases had been admitted up to a very late period; and at the Middlesex, none since those to which we alluded in a former number.

At St. Thomas's, as stated above, there has been one decided case in the person of a German bound to New York from Rotterdam, and who had put up at the American Eagle, in Whitechapel, a place in which the dormitories are exceedingly crowded. This man died in a few hours, and it may be remarked that the three fatal cases at the German Hospital were from among the same party of emigrants, who had arrived in this country from Rotterdam. Several cases of choleraic diarrhœa were also admitted into St. Thomas's Hospital, which, as Mr. Whitfield, the resident medical officer, kindly told us, did not present the coldness, collapse, or cramps of true cholera. There is now in Jacob ward a patient of this kind, who has not had any great coldness or collapse, but with whom the secretion of urine was arrested for two days. This patient looks now very heavy, as if some urea or other poisonous principle had contaminated the blood.

Without attempting statistical accuracy, we may state, as mentioned above, that, with the exception of Guy's, the cases admitted in public institutions are decidedly few, the mortality being pretty well one-half. We have seen trials with the sulphuric acid, calomel and opium, stimuli, various kinds of artificial heat, hydrocyanic acid, saline injections into veins, ice, &c. &c.; but our impression remains as before, viz., that the best mode of treatment must be the one which is founded on sound therapeutical principles, the principal symptoms being combated in turn, and efforts made to keep the patient alive.

—

Treatment of Cholera. By JULES GUYOT.—The author remarks that, in 1832, he watched the epidemic as it occurred in Paris and the country. In 1849, he followed it in Argenteuil, Paris, and Châlons-sur-Marne, and he noticed many facts by which the disease seemed allied to intermittent fever. There was the cold stage, the period of reaction, and the period of congestion.

Medicine has no effect against declared cholera, as is the case against an access of intermittent fever. There is no remedy to cure the access; we cure the fever, and then the access does not recur. It is, therefore, possible that sulphate of quinia may remove the disease called cholera, although it may have no effect upon the access. The author thinks that two grains of sulphate of quinia, taken daily before each repast during the epidemic, is the most rational and the surest prophylactic measure, and he founds this opinion upon the effects of the medicine both on the nervous system and the alimentary canal.

The influence of the epidemic is felt in various ways when it has seized upon a locality. Some persons experience debility and *malaise* without functional disturbance; others, cold sweats, weight of the limbs, rumbling of the bowels; a third set of persons suffer from painless diarrhœa, unaccompanied by nervous symptoms; a fourth set, by sudden nervous disturbance, epigastric oppression, desire to vomit, apparently excited by pressure on the stomach. Rarely does cholera come on without premonitory diarrhœa.

The first period of prodromic cholera is characterized by gastro-intestinal disturbance without pain or nervous symptoms; and here the author administers the sulphate of quinia, which he terms "a saline laxative so efficacious and sure in its good effects, that he never would venture another."

In the second stage, characterized by continual vomiting, vertigo, cramps, etc., he gives sulphate of soda, but as it is often immediately rejected from the stomach, he combines it with Seltzer water; but, before giving it, it is indispensable to effect some change in the nervous condition of the patient by the employment of alcohol; in the form of strong brandy or rum, pure; when diluted, it may be an adjuvant to maintain heat, but it is powerless against the severity of the nervous symptom of cholera. The dose must be proportioned to the age and habits of the patient, but should be large and repeated, inasmuch as "alcoholic vertigo neutralizes and completely destroys the vertigo of cholera."—*Med. Times and Gaz.* Jan. 7, 1854, from *La Presse Medicale*, Dec. 6, 1853.

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Saline Injections in Cholera. By WM. MARCET. M. D.—Among the various remedies recommended and used for the treatment of Asiatic cholera, the injection of saline solutions into the veins has been repeatedly very successful in rousing momentarily patients, when every other means had proved unavailable. Different formulas have been given for the composition of such injections. Dr. Owen Rees recommends the following:—

Chloride of sodium	3 oz.
Phosphate of soda	1 oz.
Carbonate of soda	1½ oz.
Sulphate of soda	½ oz.

This is to be dissolved in a little water, and the solution gradually diluted with small proportions of distilled water, at the temperature of from 58° to 63° Fahr., occasionally testing it with a urinometer, until it has attained the specific gravity of 10.30; the whole fluid is then to be heated to 98° Fahr., when it will be ready for use.

Dr. Owen Rees considers that the specific gravity of his solution ought to be the same as that of the serum of blood; and assumes it, therefore, to be as high as 10.30. I may, perhaps, however, be allowed to observe, that serum, containing 80 parts of albumen, besides 8 or 10 parts of salts dissolved in 1,000 parts of water, must have a much higher specific gravity than if it consisted only of a solution of 8 or 10 parts of inorganic salts in 1,000 of water, and, consequently, that the specific gravity assumed for the above solution far exceeds what it ought to be, if the gravity is raised by saline matter only. This assertion, moreover, is proved by experiment, as I have ascertained that the specific gravity of a liquid, containing, in 1,000 parts of distilled water, 10 parts of inorganic salts, such as occur in the blood, according to the proportions given by Nass, in his analysis of that fluid, does not exceed 1,004, at the temperature of 68° Fahr.

Perhaps, therefore, I may venture to recommend the following formula:—

Water	10 oz.
Chloride of sodium	31 grs.
Phosphate of soda	5 grs.
Carbonate of soda	6 grs.
Sulphate of soda	1 gr.

which is to be heated to 98° Fahr. when required for use. The specific gravity of the above solution is 1,004 at 68°, and between 1,000 and 1,001 at 98°; its composition is as nearly as possible identical with that of the serum of blood deprived of its organic principles.

The following are the calculations from which this formula has been obtained:—

According to Nass, 1,000 parts of blood contain 7.999 of salts.

	Soluble salts.		Insoluble salts.
Alkaline phosphates	0.823	Lime	0.183
Sulphate of soda	0.202	Phosphoric acid	0.201
Carbonate of soda	0.956	Sulphuric acid	0.052
Chloride of sodium	4.690	Magnesia	0.015
	6.671	Silica	0.043
		Oxide of iron	0.834
			1.328

The number 6.671 for the soluble salts is, however, under the average, if we consider other analyses of blood made by trustworthy chemists. We may assume it to be at the highest about 10. According to the proportions given in the analysis of Nass, 10 parts of the soluble salts of blood dissolved in 1,000 parts of water will consist of

Alkaline phosphate, or phosphate of soda	1.233
Sulphate of soda	0.302
Carbonate of soda	1.433
Chloride of sodium	7.030
	9.998

Ten ounces of the solution will contain, therefore, a little more than the hundredth of an ounce of phosphate of soda; and if a fluidounce of distilled water weighs 437.5 grains, the amount of that salt will be 5.29, or about 5 grains. The proportions of the other salts have been calculated by the same process.

I shall avail myself of the first opportunity to put this formula to the test, hoping it will yield favourable results.—*Medical Times and Gazette*, Dec. 3, 1853.

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Review of an "Analysis of the Official Reports on Cholera in Sweden, in the year 1850, by Dr. FR. TH. BERG." By EDWARD

CARLTON, M.D. (*British and Foreign Medico-Chirurgical Review*, Jan. 1854.)

A complete description of the progress of cholera in any portion of our globe, is as yet a desideratum in medical literature; but if the reports collected in 1848, 1849, and 1850 be compared with those obtained of its first terrible invasion, twenty years ago, it will be acknowledged that considerable progress has been made in accumulating evidence, and in examining the bearings thereof on the great questions of quarantine, contagion and sanitary reform. Amid the hurry, tumult, and anxiety which pervaded all classes when the cholera first appeared in England, in 1831, it would have been difficult, even had we then possessed an efficient Board of Health, to have collected any well-ascertained and connected series of facts relative to the mode of propagation of the disease. The invasion of the disorder was in many instances so rapid, and its consequences so terrible, that all attention was directed to escaping its immediate influence, while the time of those qualified to observe was wholly occupied with the treatment of individual cases, and no leisure was afforded to the exhausted practitioner for investigating accurately the mode in which the pestilence first broke out, or for elucidating the numerous questions regarding it which will directly suggest themselves to every well-informed mind. When cholera had ceased, and had passed on to ravage other countries, the contest between the contagionists and the non-contagionists gained fresh vigour, and a virulent controversy was the result; till, as years rolled on, and party spirit wore away, the facts that had then been accumulated were subjected to more sober and impartial analysis; and, on the second invasion of the malady, much more care seems to have been bestowed on the investigation of the all-important question of the contagious or non-contagious nature of the disease. On the side of the contagionists appeared the names of Drs. Copland, Watson, Graves, of Dublin, and J. Y. Simpson, of Edinburgh; and to the latter two eminent contributors to medical science we owe a series of well-ascertained facts and cases tending strongly to support their views. Some writers there were who seemed inclined towards a *juste milieu* on this much disputed question; they admitted that cholera might, under certain circumstances, be occasionally transported from one person to another, but they maintained that quite as often, and perhaps more frequently, it arose spontaneously, and, like influenza or other epidemics, did not depend for its progress on any contagious property. When the second invasion of cholera occurred, the influence of non-contagious opinions at head-quarters was made evident by the fact, that the disease was pronounced to be incommunicable from one person to another; and it is evident that it was regarded by the then existing Board of Health as a malady arising in a great measure from local influences. We acknowledge to have formerly held the opinion just alluded to; but the facts that forced themselves on our observation during the last invasion of the disorder,* brought with them such strong proofs of the contagious character of cholera, that our ideas underwent a total change, and the evidence that we have since collected and examined has tended only to confirm these impressions. We saw repeated instances where a previously healthy locality was infected by persons arriving from a distance, and from places where cholera then prevailed; we found that these individuals were sometimes apparently in good health when they arrived, or, perhaps, they already exhibited the premonitory symptoms of the malady; we met with them labouring under the disease in low lodging-houses, from whence the disorder spread to the other inmates of the same house or room, and we traced the malady from these lodging-houses to other localities, which, in their turn, became focuses of infection in previously healthy districts. We met with cases, too, which inclined us to believe that cholera could not only be transported by the persons, but likewise by the clothes and bedding of those labouring under the disease; and on some occasions the clothes, &c. were carried to considerable distances before being opened out or used; yet they, too, seemed capable of spreading the disorder.

It has been constantly urged by the opponents of the contagion of cholera, that this disease pursues a certain steady course across a country or district, such as has been observed to occur in the case of an epidemic of influenza, We think that Dr. Graves has fairly exposed the utter fallacy of this opinion; he has shown that cholera varies most signally in the direction it pursues. From India, after its first appearance in 1817, cholera spread to Sumatra, China, Borneo, and the Islands of the Eastern Archipelago, while at the same time it radiated towards the north and west, following the great lines of communication towards the frontiers of Europe. As early as the year 1823, cholera was on the borders of the Russian empire in the vicinity of Astracan; but a strict quarantine was then enforced by the Russian government, and the pestilence, diverted from its famous "northwest course," spread in a southwesterly direction towards Arabia and Asia Minor, following the track of the caravans to Mecca, and causing a most frightful mortality in the holy city of the Prophet.*

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* That is, the invasion of 1848-49. This review was written some months ago.—ED.

Cholera appeared at St. Petersburg in 1831, and was from Russia transported into Poland during the war of Polish independence. From Poland the pestilence advanced into Prussia, and traversed North Germany to Hamburg; and in November, 1831, it broke out in Sunderland. Sweden and Norway were not affected with the disease till 1834, and yet, if cholera had kept true to its northwest course, it should have reached these countries in 1831, instead of turning to the southwest to ravage Poland and Germany. Following this supposed line, it should thence have extended itself to the northern parts of Scotland, to the Orkneys, Shetland, and Ferro Isles, and to the distant regions of Iceland, all of which countries, in a sanitary point of view, were eminently favourable to the progress of the epidemic. Yet all these northern islands escaped the disease, strict quarantine was enforced, and, though cases of cholera occurred on board of ships in Bressay Sound and elsewhere, the malady never reached the land.

We have stated that no complete report of the progress of cholera through any of the great kingdoms of Europe has as yet appeared; but the work now before us, though necessarily still imperfect, goes far to remove this reproach from the kingdom of Sweden. No exertion seems to have been spared to render the history of the pestilence complete; and the whole of the reports are investigated by Dr. Berg in a spirit of candour and impartiality, which imparts additional value to the facts that they contain. We find here, not only a history of the progress of the disorder through the various districts which it visited, but a detailed account of the preventive measures that were adopted, both on the sea-coast and in the towns and parishes of the interior of Sweden, with reports of the prevalence of other disorders, epidemic or contagious, before, during, or after the invasion of the pestilence; and also tables of the condition of the atmosphere, &c. during the same period. The sanitary state of those provinces that escaped altogether is likewise recorded; and the comparative spread of the malady, in 1834, is briefly noticed. A valuable table, too, is given, showing the various foreign ports trading with Sweden that were, from time to time, declared to be *infected*, *suspected*, or *free*, by the Swedish Board of Health; though it must not be forgotten that many ports were really suffering from cholera, to a considerable extent, before they were declared to be infected by the Swedish authorities.

The government regulations to prevent the introduction of cholera into Sweden were restricted chiefly to the seaports, and to the great lines of traffic through the interior of the country. The more inland frontiers, and those more remote from the great roads, seem not to have been subjected to any very strict supervision, as it was left to their respective authorities to determine whether quarantine should be enforced or not. The prudence of such an arrangement would have been very doubtful if the Swedish government had decided on regarding the malady as contagious; but as isolation was adopted by some parishes, and neglected or entirely repudiated by others, ample means for comparison of the two systems were in this way afforded. Quarantine on vessels arriving from infected ports seems to have been pretty rigidly enforced; at all, or nearly all, the quarantine stations along the coast, instances occurred of vessels arriving with cholera on board; but by strict seclusion from intercourse with the shore, the disease was in almost all instances arrested. These observations, however, apply only to the ports along the Baltic; the great commerce of Gothenburg, and the constant communication with Denmark, rendered the enforcement of quarantine very difficult, if not impossible, on the western coast of Sweden. In this last invasion of the disease, Stockholm and all the eastern ports but one escaped entirely, though, in 1848, the cholera had raged at Cronstadt, and along the Russian coast. In 1834, Stockholm and Gothenburg suffered most severely, while the town of Malmö, where the disease first showed itself in 1850, entirely escaped on the former occasion.*

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* See Dr. Graves's Essay on the Progress of Asiatic Cholera, Dublin Journal of Medical Science, January, 1840, p. 355.

Malmö, a town of 12,000 inhabitants, is situated on the southwestern coast of Sweden, nearly opposite to Copenhagen. It lies well exposed to the sea breezes, but its situation is low, and there are some muddy ditches in the lowest parts of the town, which in hot weather exhale odours agreeable to none but the olfactories of the anti-contagionists. Malmö is one of the ports of Sweden which has the most frequent communication with Germany; here the steamboats from Lübeck and Travemünde land their passengers, and an almost constant intercourse is kept up with Copenhagen.

The general health of the town had been favourable during the preceding summer, which, until the month of July, had been remarkably cool, but with the commencement of that month hot weather set in, and continued till the end of August, when an unusually low temperature supervened, followed by heavy rains in September. In 1834, when Malmö escaped cholera altogether, a much higher temperature prevailed; and in those central parts of Sweden which remained free from cholera in 1850, the range of the thermometer was much higher than on the coast. We here quote Dr. Berg's own words on the subject:—

"It appears, therefore, from the reports, that a high temperature prevailed all over Sweden during the dog-days (*rötmanaden*), and was succeeded by a sudden and unusual degree of cold, and that this change likewise occurred in those districts where the malady first appeared, but that central Sweden, which almost entirely escaped the cholera, was subjected to a greater degree of heat than the most southern provinces.

"It is the unanimous opinion of the medical practitioners of Malmö, that neither the sudden change from heat to cold, nor the cold, rainy, and stormy weather of the end of August and of the beginning of September, nor yet the milder temperature of October, produced any perceptible influence on the progress or intensity of the disease." (p. 58.)

The disorder seems to have broken out in Malmö about the 12th or 13th of August, 1850. Out of 12,981 inhabitants, 1,138 were attacked, and 378 died, during the twelve weeks that the pestilence prevailed. The mode in which the malady was introduced does not seem to have been satisfactorily ascertained. A suspicious case occurred in the person of a teacher of languages, named Nordlin, as early as the 3d of August; but the first instance where the disease was pronounced to be cholera, was observed in the person of a female, Maria Jönsson, who had attended Nordlin in his illness, and two or three days after (August 6) was seized with well-marked symptoms of cholera, was carried to the hospital, and there died. On the 9th of August, the day that she was removed to the hospital, her child, a boy of two years and a half old, was attacked, and died the next day.

Although the origin of the disease in Malmö cannot with certainty be ascertained, still, there are strong grounds for the belief that the malady was brought by the steamboat *Malmö* from Lubeck, where cholera then prevailed. A son of the cook on board of the above-named steamer died of cholera an hour before the boat left for Malmö. No cases of cholera, however, occurred on board the steamer, nor was it proved that any communication took place between Norldin or the others who were first affected and the vessel in question. The boat arrived at Malmö on the 27th of July, and two custom-house officers, who had kept watch on board during the stay of the steamer in the harbour, were seized with cholera and died. We doubt much, however, if the infection in this case can be traced to the stay of these men on board the steamer, for they were not attacked with cholera till the 14th and 16th of August respectively. The disease, however, had already appeared in the dwelling of the custom-house officer, Jacobson, on the 11th of August, where a female, named Mamsell Wred, sickened, and died on the following day. On the 13th, Jacobson's wife was attacked, and died on the same day. On the 14th, Jacobson himself became affected with cholera, but he lingered till the 23d. Two of his children sickened also on the 14th, and both died within forty eight hours. On the 15th, 16th, and 17th, the two remaining children were seized with cholera, as also a servant-girl in the house, but all recovered. The other custom-house officer, J. Hansson, was attacked on the 16th, and died that day; and on the following day another officer, C. Hansson, and his wife, fell victims to the malady. Both the Hanssons *had attended their friend Jacobson during his illness.* The child of Maria Jönsson, which sickened on the 9th of August, as before stated, was carried to the workhouse and died there on the 10th, on which day the first case of cholera appeared in the above-named institution, when 29 cases rapidly followed, 25 of which were fatal. The disorder showed here, as elsewhere, a disposition to locate itself in certain houses, where almost every inhabitant was attacked. We observe, too, in the report given by Dr. Gräh, that out of those employed about the sick, many were attacked with cholera. Out of three physicians, two died; of eight male attendants thus affected, five were carried off, as were likewise five nurses, out of nine who suffered from cholera. The principal mortality occurred during the first three weeks, but it diminished when better sanitary measures were adopted in the hospital.

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* In 1834, the port of Skänor, distant only a few miles from Malmö, was ravaged by cholera.

It must be confessed that the evidences of contagious propagation above adduced are not of the lightest character, but we are not inclined to deny the influence of other predisposing causes, as of poverty and uncleanliness, in favouring the progress of the malady.

The disease was in Malmö, as elsewhere, chiefly confined to the most wretched and insalubrious parts of the town, and especially to a low-lying quarter called "Bethlehem," inhabited by the labouring classes, and adjoining two swamps with a filthy ditch running through them, filled with stagnant water. In this quarter, the mortality of those attacked was above 80 per cent., and from 8 to 19 cases occurred in many of the single houses or tenements. It was remarked that the workmen who provided their own meals suffered more than those whose food was prepared for them in the different establishments where they laboured. Those who had the comfort of a warm meal once or twice a day were less affected than the lower class of labourers, who lived chiefly on salted herrings, sour rye bread, and still sourer milk.

In the villages and hamlets around Malmö several cases of cholera were observed, almost all of which occurred in persons who a few days before had visited those sick of the disease in that town. Thus, in Hyllie parish, a widow died of cholera on the 21st of August, who, on the 19th, had visited her sick brother-in-law in Malmö. At the farm of Tagarp, half a Swedish mile N. N. E. of Malmö, a servant of the name of Nils Pehrsson was seized with cholera on the 4th of September, after having been in Malmö on the preceding day. This man recovered, as did also his friend, Nils Hansson, who had not been in Malmö, but had sat for some time with Pehrsson on the day of his return from the town, and who was likewise seized with the disorder the next day. In the village of Sunnana, three-quarters of a mile east from Malmö, Hans Tufveson was attacked with cholera on the 2d of October, eight days after having been in that town. He recovered, but, on the 10th of October, both his daughters, aged respectively eight and nine years, were seized with the malady, and the youngest died on the 13th of October. In almost all cases, the houses where such patients died were carefully secluded, and the disease did not spread farther.

In the district of Flädie, a mile and three-quarters (Swedish)* north of Malmö, there resided, in a small cottage near the sea-shore, a peasant named Ake Andersson, with his wife and three children. On the 27th of August, the brother-in-law of this man came from Malmö, as his wife had been that day seized with cholera, and had been carried to the hospital. He himself, on reaching Andersson's cottage at Flädie, with his little girl, aged 4 years, laid himself down to rest in Andersson's bed, but rose from thence when the latter came in from his work. On getting up he vomited, but ascribed this to some brandy which he had taken, and he remained during the night in the house. Next morning the authorities ordered him to return to Malmö with his daughter, but on the road thither the symptoms of cholera became more and more developed, and he expired that evening. Andersson himself had not been in Malmö for fourteen days before this; but he sickened of cholera on the 30th of August, and died on the first of September. Within a Swedish mile and a half of Malmö lies the town or city of Lund, containing about 6,000 inhabitants. During the warm months of July and of the early part of August, numerous cases of diarrhœa occurred in Lund, but not more than are usually observed in hot seasons, succeeded by sudden lowering of the temperature. It was determined by the authorities of Lund, supported, we presume, by the professors of the University there, that the town should be closed to all persons from infected places on the 22d of August; and this regulation was strictly enforced until the 4th of November of the same year. Ten days' quarantine was imposed on all travellers from suspected localities, and, on the 2d of September, all importation of goods or wares from Malmö was strictly prohibited. The great object of these strict regulations was to prevent the influx of the terrified fugitives from Malmö; the duty of watching the entrances of the city was performed by 700 or 800 of the inhabitants, day and night; and passengers arriving in carriages from Malmö were made to change horses outside of the city, and to pursue their journey without entering its precincts. The disease appears to have reached within half a Swedish mile of Lund on two sides, but no case of cholera occurred within the city, and as time wore on, the confidence of the inhabitants in their measures of precaution continued to increase. Other towns and villages, such as Ystadt and Trelleborg, adopted the like precautions, and with the same fortunate results. The district physician, Dr. Ström, reports that these measures of seclusion and quarantine towards suspected persons were in these places warmly seconded by the inhabitants, so that their doors were kept rigidly closed to the fugitives from Malmö; and he remarks, too, that wherever quarantine was adequately enforced, cholera did not appear, and the reliance of the inhabitants on its efficacy was never diminished.

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* The Swedish mile is equal to 11,700 English yards, or 6.640 British statute miles.

Five and a half Swedish miles to the north of Malmö, and half a mile from Helsingborg, lies the fishing village of Raa, with 920 inhabitants. Relying on the fact of this village having escaped the cholera in 1834, the authorities of the place took no precautions to prevent daily communication with Malmö, and many of the fishermen, after having visited cholera patients in that town, and resided in infected houses, were allowed, without hinderance, to return to Raa. From the 18th of August to the 9th of October, 1850, 70 cases and 33 deaths occurred in this village. The disorder attained its greatest height about the fourth week, and its virulence was augmented rather than diminished during cold and windy weather. Here, as elsewhere, a succession of cases frequently occurred in a single dwelling-house.

The first case of cholera at Raa was observed in a fisherman of intemperate habits, who had been at Malmö on the 15th of August, but continued in perfect health up to the 19th, when severe symptoms of the disease set in, and he died on the following day. Attempts were now made to shut up the dwelling of this man, but, as Dr. Stenkula, the reporter, informs us, crowds of curious peasants had flocked around his bed to witness his dying struggles. The well-known fact that this man had, by way of bravado, handled the bodies of persons dead of cholera in Malmö, no doubt increased the excitement in Raa regarding this case. On the 27th of August the two daughters, and on the 29th, the widow of this first victim were attacked with cholera, but all subsequently recovered. David Johansson, aged 60, a fisherman of Raa, was seized with cholera on the 24th of August, and died on the 26th. His companion and attendant, Jon Eliason, died on the same day, his brother on the 2d of September, and his brother's wife and daughter on the 5th of that month. The observations of Dr. Stenkula on these and some other cases are worthy of notice.

"As regards the contagious or non-contagious character of the disease, I have no hesitation in declaring, in opposition to the generality of the more recent authorities on the subject, that the cholera is essentially a miasmatic contagious disorder. It is true that here, as everywhere else in Sweden, diarrhœa, vomiting, and gastric disorders, had occurred, but the appearance of this malady in a locality so healthy as Raa, introduced, as it certainly appears to have been, by communication with an already infected locality, is a fact so well established that it cannot be disposed of." (p. 82.)

Dr. Stenkula even maintains that the disease can be conveyed by individuals who themselves escape, and instances a case in Raa, where two children took the disorder from their father, after his return from Malmö, while the latter never exhibited any symptoms of the disease. He, however, fully agrees with the London and Christiania reports, in believing that all seclusion of healthy districts is unnecessary, save as respects ships arriving from infected ports. The advantages, however, of shutting up and watching the houses in which the disease may have broken out, and of subjecting the inmates of such houses to close observation and seclusion for a time, he thinks cannot be denied.

In 1834, the island of Gottland escaped entirely; in 1850, about half a dozen cases occurred there, and that only in one part of the island, in the village of Kapellshamn, at its northeastern extremity. These cases do not seem to have been accurately observed, and consequently we cannot place absolute reliance on them, but it is a significant fact that a sloop from the infected port of Lübeck arrived at Kapellshamn, on the 4th of August, having during the voyage lost one of her crew, from well-marked cholera, while another man on board had taken the disease, but recovered. This death was falsely represented to the authorities of Gottland as having been caused by apoplexy, and after some delay, the crew were permitted to land. The first case of cholera occurred in the children of a tailor (Lindgren), who, on the 13th of August, visited the sloop, and took from thence some clothes home with him to repair. On the 16th, two of his children, aged 13 and 9, were attacked and died, and his wife was likewise affected, but recovered.

From the coloured chart which accompanies Dr. Berg's Report, we see that the disease in Sweden did not spread after the manner of an influenza epidemic over the whole face of the country, but that it followed the great lines of communication into the interior, or else showed itself in detached localities upon the coast. Thus, 98 cases and 43 deaths are reported from the village of Rönneby, on the southern coast of Sweden, between Carlshamn and Karlskrona, but neither of these towns were affected, and the latter escaped also in 1834, when, as in 1850, the authorities of the place enforced the strictest quarantine regulations.

Pursuing our course northward, along the western coast of Sweden, we come to the small town of Falkenberg, where a few instances of death from cholera were observed. Nearer to Götheborg lies the district of Fjäräs, 24 English miles south of Götheborg, and here cholera seems to have been introduced by a sailor from that town, who left Götheborg on the 20th of September (the day on which cholera broke out there), and who was attacked with the disease on the 21st, and died on the 23d. On the 25th, the wife of this man was likewise attacked, and died on the same day. The house was then shut up, and carefully guarded, and no farther cases occurred. Other instances of the introduction of the disorder from Götheborg were subsequently observed, but in all cases the same precautionary measures were adopted, and with the like fortunate results. Peasants who had visited Götheborg, where cholera was then raging, returned home in apparently good health, but, a day or two after, they were seized with cholera, which extended to those, and to those only, who had communication with them. The district physician, Dr. Carlsson, says—

"We found these precautionary measures (the closing and watching of infected houses) of great use, for the disease never spread out of houses thus secluded, and when it did show itself in the neighbourhood, it could be traced to those who had visited the infected localities. Here, therefore, the non-contagious character of the disease was not maintained, for those who died in this place of cholera, were exactly the individuals who had themselves visited the infected places, or had been in communication with persons just returned from these." (p. 121.)

At the mouth of the Götha Elv, the great channel of water communication across Sweden to Stockholm, lies the large town of Götheborg—a considerable town, at least for Sweden, for it contains 21,000 inhabitants. In 1834, this busy trading and manufacturing town was most severely visited by the pestilence, which carried off seventeen hundred of the inhabitants. In 1850, the cases were fewer, but the comparative mortality was not much less. 1,316 were attacked, and 529 died. Of these, 311 were males, and 218 females. Previous to the outbreak of the pestilence, the general health of the town is reported to have been good. When the sudden change from oppressively hot to cold and windy weather took place, in August, 1850, diarrhœa and colicky pains in the bowels became frequent, but these diminished remarkably before the first cases of cholera appeared, about the 22d of September. Scarlet fever, which had prevailed more or less throughout the summer, was not in any way arrested or influenced by the cholera. Among the individuals attacked were 22 nurses, of whom 6 died. The disease attained its greatest intensity in the third week. Carefully-compiled tables are given in Dr. Berg's Report, exhibiting the range of temperature and the barometrical indications during the whole period that the disorder prevailed in the town, but they indicate no coincidences between the atmospheric vicissitudes and the progress of the pestilence. In Götheborg, as elsewhere, the disease prevailed chiefly in the poorest and the most densely populated quarters of the town, and the intemperate were its first victims, but at a later period even those of more orderly lives did not escape. In a town of such great commercial activity, and situated on the great highway from Western Europe to Stockholm, and the east of Sweden, no measures of seclusion or quarantine could be adequately enforced. The interruption of trade by a strict quarantine, and the consequent loss of employment to thousands of the working classes, would have brought them to the brink of starvation, and would have rendered them ready victims to the pestilence, which sooner or later would have made its way into the city with the great crowd of travellers that could not be arrested or turned aside. The authorities of Götheborg did not even consider it possible to prevent the importation of goods from infected places into the town. Here, as in the large towns, the faculty were divided on the question of contagion or non-contagion, but though the exact mode in which the disease was introduced cannot be ascertained, it made its first appearance in those quarters of the town which had the most frequent communication with strangers, and with vessels arriving from foreign ports. It was in the streets along the Götha Elv that cholera first showed itself, among the boatmen and sailors employed about the shipping on the river. From thence it extended to the suburbs, and overstepping the boundaries of these, it broke out in various villages north, and east, and south of Götheborg. In most of these the disorder did not show itself till some days or even weeks had elapsed from the time it had established itself in the town, and in the majority of instances it was observed first in those persons who had recently visited Götheborg. But its chief intensity seems to have been exhibited in the parishes that border the Götha Elv from Götheborg to the Falls of Trollhätte. Along this great river there is a considerable population, almost all of whom are employed about the ships and steamboats that pass up and down towards the Great Wener lake and the interior of Sweden. We have not room to make extracts from the elaborate reports here presented to us on these districts, but their main features are the same as those we have before detailed regarding other parts of Sweden. The malady first showed itself in persons who had recently been in Götheborg, or who, in other places, had been in communication with infected individuals, or at least had worked in the ships coming from Götheborg up the river. Again and again do we meet with instances where an individual returned from an infected spot to a previously healthy locality, and there first exhibiting the symptoms of the disease, communicated it to the other inhabitants of the district. In at least twenty or thirty cases the persons who were first seized with the disorder had been in Götheborg only a day or two before; they were in apparently perfect health when they returned home, but after the lapse of 48 hours, more or less, the symptoms of the malady appeared. It was to the other inmates of these houses, or to those who came from a distance and volunteered their services as attendants, that the cholera first spread.

Thus, in Thorsby parish, Anna Johannisdotter (aged 24), slept one night in Götheborg, in a bed from which the body of one of her relatives who had died of cholera had just been removed. On the following day (November 3) she was attacked with cholera on her way home, and died on the 6th. Only one case of cholera had previously been observed in this parish, and that on the 27th of September, in a person of a sailor who had been brought home sick from Götheborg. After Anna Johannisdotter had arrived at home, and before her death, her grandfather, Jöns Hero, aged 81, was seized with vomiting and diarrhœa, and died on the 8th of November. Anna Hero, his wife, also 81 years of age, died from the same symptoms on the 10th of November, and her case was certified to be one of Asiatic cholera, by the district physician who saw her. Andreas Bengtsson, a widower, of 70 years of age, had read prayers by the bedside of the first-named patient; he was attacked with cholera on the

8th, and died on the 10th of November. No comment on such an array of evidence is required. In this parish no precautionary measures were adopted; the local authorities declared "that the disease would spread no farther than God permitted, and that all seclusion was unavailing." Perhaps, too, another reason was more powerful than this pious fatalism—viz., that the prosperity of the inhabitants mainly depended on their intercourse with the shipping on the Götha Elv, and that any quarantine regulations would therefore deprive them of the means of subsistence.

(To be continued.)

SKETCHES AND ILLUSTRATIONS OF MEDICAL QUACKERY.

Quackery and Quack Advertisements.—Quackery flourishes right heartily in the United Kingdom, and its votaries discover in it a productive and congenial soil. Every description of gross imposture, every phase of impudent fraud, every concoction of flimsy deception, so long as it is put forward with unabashed audacity and unflinching assurance, so long as it is backed with sufficient impertinence, and enunciated with a due amount of sauciness and courage, is sure, at the present day, to find ready converts and zealous partisans. Indeed, persons of acknowledged sense, experience, and talent every moment become the dupes of theories, and disciples of creeds, which, on the most superficial inspection, obviously appear as erroneous in conception as they are fatal in results; and though unmistakable proofs are again and again constantly furnished of the puerile trickeries and shallow cheats that can be habitually palmed off upon the public, still people in every class of life become just as heedless and inconsiderate, and remain just as much unconvinced as if reason were a phrase and common sense a byword. Thus it is that impostors thrive, and that quackism and humbug are so prevalent and successful.

But it is truly lamentable in the present age, when medicine is spreading her beneficial sway, and more and more basing the treatment and cure of disease, guided by a sound, rational, and enlightened pathology, upon simple and practical, yet ascertained and well-established rules, and more and more advancing her claims and successfully asserting the justice of her pretensions not only to be designated, but to rank as a science in the strictest, truest acceptation of the term; when every fresh discovery that arouses and excites public attention has for its first object the benefit of mankind; when monstrous abuses are being crushed and swept away, and rotten corporations and corrupt institutions, however powerful, or rich, or time-honoured, are made the subjects of strict scrutiny and vigilant and impartial investigation; when oblivious and decrepit functionaries are, *as a class*, no longer permitted to retain public appointments of importance and responsibility after their energies are inadequate to discharge in an efficient manner the duties of their positions—it is deplorable that in such an epoch the basest impostures and most unprincipled extortionism should be allowed to pass current in society, instead of promptly receiving deserved and richly merited chastisement—especially when it is recollected that the sole motives of the quacks, and knaves, and harpies to whom we refer, live upon the public by trading upon their fears and imposing upon their credulity, and by these means assuming a knowledge of the treatment and cure of disease which can only be possessed by the educated and experienced practitioners of orthodox medicine.

It is indeed true that a great many other absurdities, besides quackeries, are very much in vogue, and equally worthy of reprehension and reproof; but we assert that no system, theory, or creed, however ridiculous and irrational it may be, can work such universal and unmitigated harm, and be fraught with such irretrievable and appalling mischief as attends as a necessary sequence upon the operations of ignorant persons, whenever they attempt to tamper with the lives and health of our fellow-creatures.

Mere follies and inconsistencies excite a smile; transcendental nonsense arouses derision, and esoteric solemnities provoke a sneer. Dreamy Utopias and millenniary creeds, and princely Agapemones, may be objects of just criticism and most severe condemnation; but all these, ridiculous and foolish, nay, insane as they are and really appear to reflecting and practical persons, are still comparatively harmless proceedings, and only impose upon the silly fools who acquire notoriety, and subject themselves to appropriate and merited detraction, because they choose to believe in systems exquisitely ridiculous, and pin their faith upon notions of the most unquestionable absurdity.

But when follies are carried on that are by no means innocuous; when knavish humbug of the worst description is designedly put forward to entrap the unwary and entice the thoughtless; when insolent assertions and filthy lies find insertion in respectable newspapers, and base harpies openly attempt to gull the public by guaranteeing to *cure* complaints of the nature of which they are utterly ignorant, and the names of which they can scarcely spell—and this, too, by methods the most unprincipled, and schemes the most objectionable; then, indeed, it is high time to put every body thoroughly on his guard, and prevent persons from ruining their health by placing faith in the false pretences, or wasting their substance in credence of the gross falsehoods that are daily, nay hourly, published by these infamous and nefarious impostors.

Certainly, quack advertisements assume all shapes and guises. One proffers a *Cure for Cancer*, and attracts the attention of the public by announcing, in eulogistic terms, that it is the "greatest discovery of the age;" and it certainly would be if the announcement were correct. Another describes in glowing language the efficacious and beneficent properties of "Sarsaparilla," or the panaceatic influence of "Vegetable Pills;" demonstrating, in the most satisfactory and frank manner, how one of these specifics will infallibly cure every ill to which the human frame is liable. Or, a startling question is pertinently put to us, requiring that we should decide at once whether or not *Consumption is curable.* And if we reply in the negative, the advertisement assures us that we are the most bigoted, self-willed of men, and beyond all doubt the victims of one of the most astounding fallacies of the age; or, if we determine in the affirmative, we are then informed that though we are perfectly correct in our decision, and though it is very true that consumption is curable, and that without difficulty, still, this most desirable consummation of things cannot be brought to pass unless we purchase the sixpenny pamphlet which is offered for our mature and deliberate consideration. Or perhaps the careless reader is roused from his apathy by a sketch of the fearful warfare that is continually going on between "*Death* versus *Life:*" but after reading a line or two, he discovers, to his intense relief, that though the first-named combatant always wins the battle, still the lucky individuals who will invest their sixpences in the advertiser's "little work," will attain longevities worthy of METHUSELAH. And then, weary with all this, adding, as it were, abhorrence to disgust, we read, in the very newspaper that we are about to place in the hands of a wife or child, one of those filthy, indecent, and scandalous notices, that, alas! disgrace too many of our contemporaries. We refer to a "bit of advice" from a quack of the *manly vigour* stamp, who shocks all correct feeling by his lewd statements and detestable presumption.

Indeed, advertising quacks are a very curse to this country. Without education, without principle, without the liabilities of any stringent law or direct legal punishment to keep them in check, these scoundrels continue to pursue their horrible career, and day after day are employed in publishing statements of the most audacious character, that are only not ludicrous because they are credited. Knaves generally have some "method in their madness," but the quacks have none, save the single principle of robbing the public. Actuated by this motive, they change their plans every now and then, advocating, as it suits their purpose, the most opposite doctrines, and asseverating their belief in the least reconcilable views. It is all one to them, so long as they drive a successful traffic.

It is almost invidious to draw any distinction of better or worse between the crowd of rascally impostors that infest the metropolis and all large cities; but assuredly, if such a division were made—if the actual mischiefs of their relative proceedings were nicely balanced—it would be evident that the *syphilitic quacks* do the greatest wrong, and inflict the greatest misery upon mankind. Cruelly trading upon the fears of the timid, heartlessly luring the young and thoughtless, pandering to the excesses, and, if possible, augmenting the riotous lust of abject sensualists, these *venereal professors* at all times gain command over the fears, and thus shield themselves from the reproaches, of the weak persons they dupe and ensnare. Upon no disease is there such mystery, and contradiction, and misrepresentation—upon none such bashfulness, hesitation, and equivocation, as when persons, having contracted this disease, profess to describe their symptoms. An otherwise honest man of integrity and repute will, after he has contracted some venereal taint, become disingenuous and equivocal in his representations, and endeavour to mislead at every turn. There is such a horror in some persons relative to any disorder of their sexual organs, and patients are generally so utterly ignorant of any knowledge upon the subject, that they easily become the prey of harpies and nostrum-mongers. Timid and hesitating, if they should be so silly as to go to an advertising quack, however disgusted and appalled they may be by his scandalous conduct and filthy grossness, still, through reluctance and a false sense of shame, they hesitate to quit the impostor and consult a qualified practitioner. And so they continue in their attendance for months, of course getting worse and worse; for the quacks do not permit the disease to take its proper course, though that would be bad enough, but aggravate and feed it with their nostrums. Thus, when the poor dupe has been for a long time under treatment, when his health and constitution are irretrievably ruined, and his means thoroughly expended, these charlatans turn from being fawning sycophants, and all at once become exacting masters, and as the scales drop from the eyes of the victim, he discovers the infamous manner in which he has been duped and plundered. But he discovers this when it is *too late*, and when medicines can as little restore him to health, as they can give him quietude and peace of mind. Sad is it to reflect that such an instance as this is no exceptionable one, but that, of the thousand passers-by whom we may meet in the great thoroughfares of the metropolis, scores of persons have been gulled and ruined by these abominable impostors. Sad is it to contemplate youth blighted, manhood wasted, old age made wretched!

But this class of imposture has nearly reached its climax; are we to allow it to continue? Is it to grow still more enormous? Is it to attain a still more colossal height? Are there no means which can be taken to stop this crying evil?

Now, in considering the injury that the infamous tribe of quacks to whom we have alluded continually inflict upon the public, and the scandal which the publication of their filthy advertisements casts upon newspapers, it must at once appear evident to everybody, that if the editors of daily or weekly periodicals would resolutely and impartially refuse to publish the abominable indecencies of these outrageous knaves, the greater part of the evil would immediately be remedied. The quacks would be thus deprived of half their notoriety and shorn of all their laurels. It is true they might still circulate their horrible handbills—touters might still throw them down areas, or thrust them into the unconscious hands of passengers, but there can be no question but that the greater part of this nuisance would be diminished and abated. There exists in the metropolis, a Society for the *Suppression of Vice*—why, and we only throw it out as a suggestion, does it neglect to punish the ignorant impostors for the gross indecency of their handbills, just as it chastises the rascally traders of Holywell or Wych Street, for exposing in their windows lewd publications?—for probably the quacks work the greater harm of the two.

Our powerful and respected contemporary *The Times*, our witty and clever friend *Punch*, the *Manchester Guardian*, and perhaps another or two might be mentioned, adopt, and have long adopted, the line of proceeding we suggest—viz., that of refusing, in the most absolute manner, to publish any notice or advertisement from any quack that contains in it the slightest approach to indecent or indelicate expressions; but the great mass of editors will not follow the admirable and excellent example set them by these papers; and, for the sake of what they conceive to be their own interests, consent, day after day, to disgrace and pollute their columns with notices and advertisements that must shock every just mind by their terrible immoralities, as much as they pain by their glaring and appalling falsehood.—*Lancet*, November 19, 1853.

It is mortifying to acknowledge, but such is the fact, that the American press is for the most part as venal as the English, and, "for the sake of an infamous gain, knowingly and willingly aid in perpetuating an abuse that reflects upon society an extent of evil which language cannot adequately describe."

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Death from Chloroform.—A young female, whose great toe was about to be amputated by one of the visiting surgeons of the Charity Hospital, suddenly expired while under the influence of chloroform. It was some time before she could be brought fully under the effects of the anæsthetic; she finally, however, became completely insensible, and before the operation was concluded, she sank and rapidly expired, in spite of the most strenuous and judicious efforts of several medical men present. The usual precautions were used in its administration, and no censure can justly be attached to the surgeon or his assistants for the untimely result of the case.

A *post mortem* was made by the Professor of Physiology in the University of Louisiana, and all the organs were found to be perfectly healthy. A. H.—*New Orleans Med. and Surg. Journ.* Jan. 1854.

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Proceedings of the Chester County (Penn.) Medical Society, Nov. 1, 1853.—A stated meeting of the Chester County Medical Society was held at West Chester, Nov. 1, 1853. President, Dr. Worthington, in the chair; members present, Drs. Murphey, Thomas, Brinton, Stebbins, Ogier, Edge, Hartman, Walker, Gunkle, and Price.

The minutes of the last stated and adjourned meetings were read and approved.

A letter was received from Dr. Rivinus, tendering his resignation as Treasurer of the Society, which was accepted, and the Secretary directed to convey to Dr. Rivinus the thanks of the Society for the faithful and satisfactory manner in which he has discharged the duties of his office. Dr. Hartman was elected treasurer for the unexpired term of Dr. Rivinus.

The committee on biographies, dysentery and nervous diseases, and on medical topography not being ready to report, were continued.

The editing committee report that two numbers of the *Reporter* have been issued, and that about seventy copies have been subscribed for, about fifty of which are taken in Chester County; Delaware County has as yet returned no list. The members of the Society were earnestly requested to extend its circulation in their respective localities, and to contribute matter for its pages.

Dr. Walker, one of the delegates to the meeting of the "American Medical Association" for 1853, read a report of the doings of the Association, which was accepted and filed.

The Society then proceeded to a nomination for delegates to the meeting of the "American Medical Association," to be held in St. Louis, in May next. Drs. Isaac Thomas, A. K. Gaston, J. B. Brinton, J. P. Edge, and C. W. Parish, were nominated.

On motion, the president was directed to cast the ballot for the above-named gentlemen as the delegates of the Society. They are instructed to vote for an amendment to the Constitution of the Association, restricting representation to State and county societies.

Drs. James Parker, Wm. H. Worthington, and Franklin Rieser were proposed for membership. Drs. Isaac T. Hayes and Edward Hall were ballotted for and duly elected members of the Society.

The "Transactions of the Medical Society of the State of New York, for 1852," were presented by Dr. Hays, Corresponding Secretary of the Medical Society of the State of Pennsylvania. The Corresponding Secretary was directed to acknowledge the same.

In view of the probability of a return of cholera to our country, it was

Resolved, That a committee of five be appointed to collect statistics in reference to it should it appear, and, if possible, report all the cases that may occur within the limits of Chester County.

Drs. W. Worthington, S. A. Ogier, J. P. Edge, A. Murphey, and S. Stebbins were appointed the committee.

The following preamble and resolution were offered, the consideration of which was postponed:—

Whereas, A prominent object of this Society is "the advancement of knowledge upon all subjects connected with the healing art," and believing the reference of special medical subjects to special committees, to prepare reports for the Society, one of the best means of accomplishing this object, therefore

Resolved, That the President appoint such special committees as may be deemed expedient — designating, respectively, the subjects for their consideration. Adjourned.—*Medical Reporter*, January, 1854.

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Officers of the Philadelphia County Medical Society for 1854.—At a meeting of the Philadelphia County Medical Society, held January 18, 1854, the following officers were elected for the present year:—

President.—Dr. Thomas Forrest Betton.

Vice-Presidents.—Drs. George W. Norris and Thomas H. Yardley.

Recording Secretary.—Dr. D. Francis Condie.

Assistant Secretary.—Dr. Robert P. Thomas.

Corresponding Secretary.—Dr. Henry S. Patterson.

Treasurer.—Dr. William Byrd Page.

Censors.—Drs. Lewis Rodman, Nathan L. Hatfield, E. F. Leake, William H. Klapp, and William Mayburry.

Published by order.

ROBERT P. THOMAS,
Assistant Secretary.

PHILADA., *Jan.* 25, 1854.

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Mortality in New Orleans for the Year 1853.—The total mortality of the City of New Orleans for the year 1853 has been 15,085; 7,899 deaths were from yellow fever, and 607 from cholera. This is the largest mortality that has ever occurred in New Orleans for a single year.—*New Orleans Med. and Surg. Journ.* Jan. 1854.

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The Ohio Medical and Surgical Journal.—Prof. HOWARD, who has for some time conducted this Journal with much ability, has been compelled, we regret to learn, to vacate the editorial chair. He is succeeded by JOHN DAWSON, M. D., Lecturer on Anatomy, &c.

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OBITUARY RECORD.—Died, Dec. 1, 1853, at New Orleans, of Epidemic Cholera, ABNER HESTER, M. D., the talented editor of the *New Orleans Medical and Surgical Journal*, aged 40 years. Dr. Hester enjoyed a high reputation as a skilful and experienced practitioner, and a zealous cultivator of our science. His premature death will be a serious loss to the profession.

Died, in New York, on the 7th of Dec. last, aged 62 years, THOMAS G. MOWER, M. D., one of the senior surgeons of the United States Army, and a gentleman of varied scientific attainments.

Died, in Philadelphia, on the 4th of January, in the 54th year of his age, SAMUEL McCLELLAN, M. D., formerly Professor of Midwifery in Jefferson Medical College.

FOREIGN INTELLIGENCE.

Another Death from Chloroform.—A young girl, aged 13, of strong constitution, had on the dorsal region a voluminous lipoma, which extended from the last dorsal vertebra to the crest of the ilium. The girl's mother, and the girl herself, wished for the operation, and demanded the use of chloroform. Dr. Wüstefeldt told the mother that grave accidents often followed the administration of the anæsthetic; but she nevertheless persisted in her request. One drachm of chloroform was employed. As soon as insensibility was manifested, the operation was commenced, but scarcely had the surgeon divided the skin, than the girl, yielding to the laws of gravity, fell suddenly forwards upon her chest. Dr. Wüstefeldt, struck by the phenomenon, which he had witnessed before under similar circumstances, immediately desisted from operating, and strove to restore the patient to life; but every effort was useless, and, in the course of a few minutes, it became evident that she was dead.—*Med. Zeitung von den Vercine für Heilkunde in Preussen, No.* 44, *Berlin*, November 2.

[It is to be regretted that fuller particulars, viz., as to the kind of apparatus, the position of the patient, and the duration of the inhalation, have not been given.—ED.] *Med. Times and Gaz.* Jan. 7, 1854.

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Chloroform in Midwifery Practice.—Dr. ROBERT LEE read a paper before the Royal Medical and Chirurgical Society, in which he gave an account of seventeen cases of parturition in which chloroform was inhaled with pernicious effects. In the cases related, the injurious effects of the inhalation of chloroform were as follows: In seven cases, insanity and great cerebral disturbance followed its exhibition. The use of the forceps was rendered necessary in five cases. In two, the contractions of the uterus were arrested, and the operation of craniotomy was performed. Peritonitis or phlebitis ensued in four cases. Epilepsy or dangerous fits of syncope supervened in two instances. Many analogous cases had been confided to the author by friends; and public rumour swelled the size of the chapter of accidents; but he wished merely to give accounts of those which had come under his own observation. The author strongly animadverted upon the levity and thoughtlessness which had accompanied the use of this subtle and dangerous poison. Soon after its discovery, before the amount of its power, and even its composition, had been fully understood, he had been horrified by the announcement of its application to midwifery, and he then prophesied that deplorable results would ensue; a prognostication which experience had unhappily proved to be correct. It was natural that women, doomed to bring forth their young in pain and sorrow, should seek every means by which they might palliate the anguish they suffer; and instances related in which the process of parturition had been effected without pain, served to render nugatory the unwelcome admonitions of those who pointed to the evils that might occur. The author expressed his opinion that the most serious effects which arose from the inhalation of this agent, were, first, languid and inefficient uterine contractions; secondly, a greater susceptibility to the risks that arose from inflammation and fever. In spite of the fact that grave and experienced physicians had expressed their concurrence with the author's views, yet the question whether chloroform should be inhaled had become almost extra-professional; as silly and ignorant women of fashion chose to set the example of using it, the cause of science and humanity thus being in the hands of the most weak and frivolous portion of the community; and, as there was a systematic concealment of the truth by the physicians who used it, he feared that young and inexperienced mothers would still be lured to their destruction. In conclusion, the author expressed a hope that his essay might tend to rescue the profession from the dominion of an ignominious and disgraceful practice.—*Ibid.*

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Chloroform in Labour.—Dr. Merriman related to the Royal Medical and Chirurgical Society, a case where chloroform was administered during labour. Pain ceased, and he returned home for a short time. On being called again to see the patient, after a lapse of two hours, having been told that she was very ill, he was unable to find any trace of the child; and the systemic effect was so violent, that it was long before labour recommenced, the uterus having been temporarily paralyzed. She never recovered from the effects of the narcotic, and was finally removed to a lunatic asylum. This case had so alarmed him, that he had never since given his assent to the employment of chloroform.—*Ibid.*

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New Method of administering the Febrifuge Principle of Quinquina by Pulmonary Absorption.—A young physician, M. Louis Manetti, of the University of Pavia, has made a discovery which excites considerable interest in Italy. Being present, in 1852, at the death of a patient who was unable to swallow a sufficient quantity of quinia in a short space of time to arrest the progress of a bad fever, M. Manetti endeavoured to form some preparation by which the febrifuge principle might be inhaled into the lungs. This new agent is called "kinic ether," but its exact chemical composition is unknown. It is a limpid liquor, of a peculiar and unpleasant odour, and it is obtained by the distillation of kinate of lime and alcohol.

M. Pignacca has tried its effect in many diseases, viz., tertian fevers, neuralgic affections, hysteria, etc.

In one case, neuralgia occupied the right side of the face, and depended upon a diseased condition of the gums and caries of a molar tooth. The pain pursued a regular course, and assumed a quotidian type. At 11 A. M. the patient was directed to inhale the kinic ether. It was repeated at 8 P. M., after which the pain disappeared, and did not recur, the only uneasiness remaining being a slight tenderness of the cheek, connected with irritation of the gums. About a drachm of the fluid, administered in two, three, or four times, may be considered a dose. About a scruple is poured upon a piece of linen, which is then held to the nose. M. Pignacca has experimented upon himself, and attests to the efficacy of the preparation.—*L'Union Médicale.*

[This statement must be received with considerable suspicion. First, because kinic acid is a fixed acid, and cannot yield a volatile ether; secondly, because kinic acid is not known to possess febrifuge properties; such properties belong to its usual base, quinine or cinchonine.—Ed.]

Ascites treated by Injections of Iodine By Dr. Costes.—Case I. A female, aged 45, subject to intermittent fever, of pallid aspect and emaciated, pulse small but regular, came under the author's care with the abdomen distended by fluid. A puncture gave issue to sixteen quarts of lemon coloured fluid, and allowed a more accurate examination, by which there was detected enlargement of the spleen. Rapid reproduction of the effusion ensued, which was followed by a second puncture, giving issue to eleven quarts of a similar fluid. Dr. Costes then injected the following into the peritoneal cavity: tinct. iod. gr. xl., iod. potass. gr. ii., aquæ gr. lxxx.

Immediately following the injection there was anxiety, coldness of the extremities, acute abdominal pains, small pulse (90), agitation, perspirations, nausea, and syncope. These symptoms lasted about twelve hours, after which the patient recovered, and was cured three months after the injection.

Case II. A female, aged 68, also subject to intermittent fever. First puncture, July 17, gave issue to nine quarts of lemon-coloured fluid. A second puncture (August 2) furnished the same quantity; August 11, rather more. There was then injected tinct. iod. gr. xxx., iod. potass. gr. ii., aquæ gr. cxx. Immediately afterwards the pulse became slow and small; there was colic, with sense of abdominal heat; face pallid. Half an hour after the injection, there were frequent attacks of nausea, followed by vomiting of a greenish, watery fluid. Pulse frequent; thirst and abdominal pains for 48 hours. There was reproduction of the effusion, and on a fourth puncture, August 24, about eight quarts of the same coloured fluid were abstracted. The second injection of iodine was followed by the same symptoms, but less marked. The effusion within the abdomen recurred; the patient became gradually thinner, and she died September 30. Upon examination after death, there was found tuberculosis of the peritoneum. In the pelvis there was a small quantity of sero-purulent fluid.—*Gaz. Med. de Paris.*

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Accidental Poisoning by Aconite.—A sad and fatal accident occurred lately at Bristol by the accidental use of the aconite root in mistake for horseradish. A bookseller, at Chard, Somersetshire, named Russell, repaired, a few days since, to Bristol to receive a legacy, and, while there, dined with his brother on roast beef. A remark being made that there was not any horseradish, the servant was sent to the garden to pull a root. On her return, Mr. Russell scraped it into a plate, and observed that it was very dead and devoid of taste. Both brothers partook of it, and also noticed its want of strength, but had no suspicion. Some time after dinner, the legatee complained of a strange tingling of the lips, which soon increased and extended around the neck. He then went to call on another brother, the one he had dined with accompanying him, but, before he arrived there, he became much worse, and, on entering the house, said he was sure he had taken poison, the deadness was creeping all over him. Some brandy was then given, but the symptoms increased, and soon the sight was lost. Medical assistance was sought, and a mustard emetic ordered, but in vain, the victim expiring in a little while. The remainder of the root was examined by Dr. Taylor, who at once recognized it to be the aconite. Similar cases have occurred before, particularly one, some ten years since, in Lambeth, where the root of the aconite was mistaken for that of horseradish, a fatal result following. The aconite should not be cultivated in private gardens, as this, and other cases, show it to be a very dangerous root, so many persons being unacquainted with its botanical and physiological qualities.—*Med. Times and Gaz.* Nov. 19, 1853.

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On Convulsions—Dr. Murphy read a paper on this subject before the Western Medical and Surgical Society of London, Nov. 4. He showed that convulsions arose from various and opposite causes, and how embarrassing a case must be to a physician who is called on suddenly to prescribe, and yet is unable to ascertain their origin. He defined convulsions as "involuntary clonic muscular contractions, with alternate relaxations, attended with insensibility." He mentioned a few of the most common diseases in which convulsions occur—hydrocephalus, physical injuries of the brain, the invasion of the exanthemata, especially variola, hysteria, epilepsy, intestinal irritation in children, puerperal convulsions, hemorrhagic syncope. He expressed great doubts as to dentition being a cause, never having seen a case relieved by incising the gums. He also adverted to the practice among wet-nurses, of taking alcoholic and other stimuli, believing this to be a frequent cause of convulsions in infants. Dr. Murphy then read briefly several cases bearing emphatically upon the points adverted to, and illustrating the dangers to which hasty diagnosis will frequently lead; also some cases in which the cause was undetected until after death, as in abscess of the brain, occurring many years after scarlatina—the only symptom during that period being a constant otorrhœa; and a case of undetected fracture of the skull, which simulated typhus gravior, until a convulsive fit induced an examination of the scalp, when an unhealthy wound was discovered, and a portion of depressed bone was raised. The author drew the following conclusions: That the causes of convulsions being so numerous and dissimilar, every case requires its separate consideration, in order to prescribe appropriate treatment. Thus, puerperal convulsions bear copious bleeding, while those arising from loss of blood require wine. Congestion producing convulsions, is relieved by the cold affusion and venesection; but, if they be joined with the poison of the exanthemata, bleeding is highly injurious. Convulsions from intestinal irritation are relieved by opiate enemata and the cold affusion. The convulsions of pertussis justify laryngotomy. Turpentine enemata and the exhibition of chloroform are called for in the convulsions of hysteria. The author then adverted to the difficulty and danger of attempting the administration of remedies by the mouth during continuance of the fits; and recommended that antimony, turpentine, and other substances, should be given as injections. He considered the immediate cause of the convulsive paroxysm to be within the cranium, and that the return of sensibility during the intervals of the fits was a most favourable symptom. He concluded, also, that were it not for the insensibility during the paroxysm, it would be attended with as much pain as tetanus; and that, like rigors, cramps, and spasms, they are salutary in keeping up the circulation.

A discussion of considerable interest ensued, during which a case was mentioned, in which an outburst of passion in the mother induced convulsions in the infant at the breast; and this occurred repeatedly to the same child, and in two children successively. *Med. Times and Gaz.* Nov. 12, 1853.

Production of Carbon by Galvanism.—Some sensation has been produced in the scientific circles of Paris by the announcement of the artificial formation of diamond powder. M. Despretz has made two communications to the Académie des Sciences upon carbon. In these, he states that placing at one, the inferior, pole of a voltaic battery a cylinder of pure charcoal (its purity being secured by preparing it from crystallized white sugar candy), and, at the superior pole, a bundle of fine platinum wires, so arranged that the charcoal was in the red portion of the electric arc, and the platinum in the violet, he found the carbon volatilized and collected on the platinum wires in a changed state. In these experiments, the current has been continued during a month in activity, and the powder collected on the wires has been found to be sufficiently hard to polish rubies with great rapidity, and, when burnt, it left no residue. M. Despretz asks himself—Have I obtained crystals of carbon, which I can separate and weigh, in which I can determine the index of refraction and the angle of polarization without doubt? No; I have simply produced by the electric arc, and by weak voltaic currents, carbon crystallized in black octohedrons, in colourless and translucent octohedrons, in plates also colourless and translucent, which possess the hardness of the powder of the diamond, and which disappear in combustion without any sensible residue. A similar result has been obtained by decomposing a mixture of chloride of carbon and alcohol by weak galvanic currents. The black powder deposited was found to possess equal hardness with that which was sublimed, and rubies were readily polished by it.—*Med. Times and Gaz.* Oct. 29, 1853.

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Belladonna for the Cure of Mercurial Salivation.—Dr. Erpenbeck states that after repeated trials he is convinced of the curative powers of belladonna in mercurial salivation.

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Tapping for Ascites in an Infant Nine Weeks Old.—Dr. Wynn related to the Medical Society of London (Oct. 15, 1853), the particulars of a case in which he had performed the operation of paracentesis abdominis, for the relief of ascites in an infant nine weeks of age. The operation was repeated in the following month, when another quart of fluid was removed, but a small vessel was wounded, and ultimately the patient sank from exhaustion. A *post-mortem* examination revealed the presence of a friable condition of the liver, which Dr. Wynn believed to be congenital.

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The Presbytery of Edinburgh and the Cholera.—Lord Palmerston.—The Moderator of the Edinburgh Presbytery of the Church of Scotland addressed Lord Palmerston a few days ago, stating that the Presbytery had in view the propriety of appointing, on ecclesiastical authority, a day for prayer and humiliation, within its bounds, on account of the reappearance of Asiatic cholera in this country. Considering, however, that it was likely that a national fast would be appointed on royal authority, they begged respectfully to ask whether such an appointment was in contemplation. The following letter from the Home Office, in reply, was read at the last monthly meeting of the Presbytery:—

"Whitehall, October 19th.

"Sir: I am directed by Viscount Palmerston to acknowledge the receipt of your letter of the 15th inst., requesting, on the behalf of the Presbytery of Edinburgh, to be informed whether it is proposed to appoint a day of national fast on account of the visitation of the cholera, and to state that there can be no doubt that manifestations of humble resignation to the Divine Will, and sincere acknowledgments of human unworthiness are never more appropriate than when it has pleased Providence to afflict mankind with some severe visitation; but it does not appear to Lord Palmerston that a national fast would be suitable to the circumstances of the present moment.

"The Maker of the Universe has established certain laws of nature for the planet in which we live, and the weal or woe of mankind depends upon the observance or the neglect of those laws. One of those laws connects health with the absence of those gaseous exhalations which proceed from overcrowded human beings, or from decomposed substances, whether animal or vegetable; and these same laws render sickness the almost inevitable consequence of exposure to those noxious influences. But it has, at the same time, pleased Providence to place it within the power of man to make such arrangements as will prevent or disperse such exhalations so as to render them harmless, and it is the duty of man to attend to those laws of nature, and to exert the faculties which Providence has thus given to man for his own welfare.

"The recent visitation of cholera, which has for the moment been mercifully checked, is an awful warning given to the people of this realm that they have too much neglected their duty in this respect, and that those persons with whom it rested to purify towns and cities and to prevent or remove the causes of disease, have not been sufficiently active in regard to such matters. Lord Palmerston would, therefore, suggest that the best course which the people of this country can pursue to deserve that the farther progress of the cholera should be stayed, will be to employ the interval that will elapse between the present time and the beginning of next spring in planning and executing measures by which those portions of their towns and cities which are inhabited by the poorest classes, and which, from the nature of things, must most need purification and improvement, may be freed from those causes and sources of contagion which, if allowed to remain, will infallibly breed pestilence, and be fruitful in death, in spite of all the prayers and fastings of an united but inactive nation. When man has done his utmost for his own safety, then is the time to invoke the blessing of Heaven to give effect to his exertions.

"I am, sir, your obedient servant,
HENRY FITZROY.

"*To the* REV. W. H. GRAY, *Moderator of the Presbytery of Edinburgh.*"

—

Donation to a Medical Journal.—The *Gazette des Hôpitaux*, one of the oldest medical journals in France, has just received a donation of 10,000f. a year, from a physician attached to one of the hospitals in Paris, on condition: 1st. That the donor's name shall remain inviolably a secret. 2d. That 3,000f. of the sum shall be employed in encouraging the authors of useful and practical papers published in the *Gazette*. And, 3d. That the remaining 7,000f. shall be employed in distributing copies of the *Gazette* to physicians or students who are too poor to pay the whole or any part of the subscription, the simple declaration of the applicants to that effect being all that is to be required.—*Med. Times and Gaz.* Oct. 22, 1853.

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Medical Students in Paris.—The whole number of students who had matriculated in the Faculty of Medicine of Paris, was, up to the 10th of December last, 1,065, of whom only 287 were new. The previous year, by the 15th of November, the number was 1,434, of whom 480 were new.—*Gaz. Med. de Paris*, Dec. 10, 1853.

French Academy of Medicine.—Among the prizes offered for 1854, is one of $200 for the best essay on cod-liver oil as a therapeutic agent.

Faculty of Medicine of Paris.—The chair of Medical Chemistry in this Faculty rendered vacant by the death of M. Orfila, has, by an imperial decree of the 10th of December last, been abolished, and in its place a chair of Pharmacy has been instituted, which has been filled by the appointment of M. SOUBEIRAN.

Measles Epidemic in Edinburgh.—There is at present a mild but extensive epidemic of measles in Edinburgh and its neighbourhood, so much so that the Royal Infirmary, where for years very few cases of this disease have been admitted, now contains several in almost every ward.—*Monthly Journal of Medical Science*, Dec. 1853.

M. Louis.—This eminent pathologist has resigned his physicianship at the Hôtel Dieu, on account of the delicate health of his only son, whose care he himself will take charge of during his residence at Pau.

Prize for the Cure of Cholera.—The Academy of Sciences of Paris, has received the legacy, 100,000 francs ($20,000), left by a generous philanthropist, M. BREANT, as a recompense for him who shall discover a remedy for cholera. As this is not likely to be soon awarded, it is proposed to give the interest annually for the most useful discovery connected with cholera. During the first empire, a similar sum was left for the curer of croup, which has not yet been awarded. The new legacy will only serve to swell that large sum which the Academy annually distributes in the form of prizes.

A Physician made by a Royal Edict.—A Spanish journal, *El Pouvenir Medico*, relates the extraordinary circumstance of an individual who is an entire stranger to the healing art, having received authority by a royal decree to practice medicine in Barcelona. The *Spanish Medical Press* urges the profession to protest against this decree, and to demand its revocation.—*Revue de Therapeutique.*

Extraordinary Malaria Visitation.—A few days ago, the Race Ball, in connection with the Cowbridge Hunt, was celebrated at the Bear Hotel, Cowbridge, and attended by the *elite* of Glamorganshire. Soon after the ball, about forty ladies and gentlemen, who took part in the festival, were seized with a frightful fever similar to the "Croyden malady," produced by the sudden falling of an old drain that had not been opened twenty years, and which emitted a most overpowering malaria. The servants and other inmates of the hotel have also been attacked by the fever.—*Lancet.*

Statistics of Longevity.—1,751 persons were taken, all of whom had attained an hundred years, and were all living at the same time. In one year they had diminished to 1,587, in the second year to 1,442, in the third to 1,280, in the fourth to 1,126, and so on, until, out of the original 1751, only 143 reached the age of 120; 44 survived to 130; 12 to 140; and one old gentleman actually resisted the effects of time and weather till he had completed his one hundred and fiftieth year.—*New Quarterly Review* for October.

Omar Pasha's Medical Staff.—It is stated (*Lancet*) that the medical officers in the Turkish service have become so disgusted at the bad treatment to which they have been subjected, in the shape of improper food, insufficient housing, and the absence of the respect to which they are entitled, that they are daily leaving the service.

OBITUARY RECORD.—Died in Paris, on the 2d of October, of diabetes complicated with albuminuria, M. ARAGO, Perpetual Secretary of the Academy of Sciences, and Associate Member of the Academy of Medicine, aged sixty-seven years and a half.

———, in London, on the 25th of December last, JAMES GILKREST, M. D., Inspector-General of Army Hospitals, and Corresponding Member of the National Academy of Medicine of France.

THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

Statistical Report of the Principal Operations performed in the London Hospitals during the Month of December, 1853.

Lithotomy.—The three cases reported last month have since recovered. Two operations have been performed during the month. The first was by Mr. Le Gros Clarke on a boy in St. Thomas's Hospital. The patient was six years old, and in good health; a mulberry calculus was extracted by the lateral method, and he recovered very quickly. The second was by Mr. Moore, in the Middlesex Hospital, on a healthy boy from the country, aged seven. He left the hospital well four weeks afterwards.

Herniotomy.—All the cases previously reported have recovered. Number of operations during the month, 9; of which 5 have recovered, 1 is in danger, and 3 are dead. Several of these were cases of great interest. *Case* 1 was a femoral hernia in a woman, aged 53, under Mr. Stanley's care, in St. Bartholomew's; strangulation 96 hours; taxis scarcely used; sac not opened; recovered well without special after-treatment. *Case* 2.—An elderly woman, also under Mr. Stanley's care; strangulation 33 hours; taxis had been much abused before admission; sac not opened; the symptoms of peritonitis which came on afterwards were subdued by opium, and she recovered well. *Case* 3.—A man, aged 24, in Guy's, under Mr. Hilton's care; tumour very large; strangulation nearly 4 hours; sac not opened; recovered well. *Case* 4.—A woman, aged 50, under Mr. South's care, in St. Thomas's; strangulation one week; sac opened; the gut burst during the operation, and fecal matter escaped; death six hours afterwards; acute peritonitis was found; only a part of the caliber of the gut had been constricted; its coats were ulcerated through at the seat of stricture. *Case* 5.—A man, aged 30, under Mr. Simon's care, in St. Thomas's Hospital; strangulation 36

Published monthly by BLANCHARD & LEA, Philadelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage to the subscriber.*

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hours; sac opened; a large quantity of universally adherent omentum was found, and concealed in it a small knuckle of intestine; the operation involved a very careful and protracted dissection. Tympanitis came on afterwards, and death on the second day resulted. At the *post mortem*, only the indications of commencing peritonitis were found. *Case* 6.—A man, aged 43, admitted almost moribund into the Middlesex Hospital, under the care of Mr. Shaw; strangulation four days; much taxis; sac opened; bowel of deep red colour, and ecchymosed, but not gangrenous; reduced, but some omentum left in the sac; the omentum sloughed, and on its separation fecal matter escaped; the man has had no peritonitis, and is doing as well as can be expected. *Case* 7.—A man, aged 40, under Mr. De Morgan's care in the Middlesex Hospital; a large scrotal tumour; strangulation 18 hours; sac opened; nothing but omentum found in sac; it was ligatured and cut away; the man has recovered well. In this case, although no intestine was involved in the hernia, yet the symptoms of strangulation had been well marked. *Case* 8.—A woman, aged 60, under the care of Mr. Wordsworth in the London Hospital; femoral; strangulation 40 hours; sac opened; favourable progress under free use of stimulants. *Case* 9.—A woman of middle age, under the care of Mr. Lloyd in St. Bartholomew's Hospital; strangulation four days; sac opened; intestine gangrenous; the intestine was opened, and left in the wound, the stricture having been divided over it; she lingered several days in a precarious condition, and then sank.

Trephining of the Skull.—A man was admitted, insensible, into the London Hospital, under the care of Mr. Adams, having received a violent blow over the right temple. There was great swelling, but no wound. At first, the symptoms were those of concussion only, but twenty hours afterwards an epileptiform fit occurred, after which, well-marked indications of compression set in. Venesection to ℥xxx. having been practised without relief, Mr. Adams cut through the scalp to expose the seat of injury. A fissure having been found extending in such a direction as to cross the course of the middle meningeal artery, the trephine was applied, and some bone having been removed, a large clot was found between the dura mater and cranium. The dura mater was not injured, and the clot having been with some difficulty removed, the symptoms of compression disappeared. On the following day, and throughout the next week, the man was perfectly sensible, though somewhat drowsy. On the ninth day erysipelas occurred, with rigors, and a relapse into a state of coma. The dura mater being tense, and bulging into the wound, Mr. Adams punctured it, and let out a large quantity of serous fluid, without, however, any relief. Death took place on the fourteenth day, and the autopsy showed acute and general meningitis.

Ligature of Arteries.—A case is in St. George's, under care of Mr. Johnson, in which the femoral has been tied on account of a punctured wound. The operation was necessitated by recurring hemorrhage eighty hours after the accident. The man is doing well; we shall probably publish the details of his case at a future time. A second case is in St. Bartholomew's, under the care of Mr. Lawrence, in which a young man was admitted six weeks after having received a deep wound between the first and second metacarpal bones. The bleeding had broken out again four days before admission, and continued afterwards to recur. Mr. Lawrence cut down and tied both ends of the radial artery at the wounded part. The man is doing well. By Mr. Lloyd, in St. Bartholomew's Hospital. Ligature of the radial artery, above and below a wound which had been inflicted by a piece of glass. The patient has done well.

Aneurism.—Mr. Hilton's case of popliteal aneurism, in which compression is being pursued, remains under treatment, and almost *in statu quo*. (During the present month two cases of popliteal aneurism have been admitted into St. Mary's, and are now being treated by compression.)

Amputations.—The cases reported last month, including the one in which phlebitis was suspected, may be considered convalescent. There have been performed, during the month, 13 amputations—the subjects of which are, 10 of them doing well, and 3 dead. Of these, five were amputations at the thigh for diseased knee-joint, by Messrs. Lawrence, Fergusson, Hawkins, Tatum, and Simon. Mr. Fergusson's patient, a young man, did well at first, but, after a time, was attacked by phlebitis, and died on the twenty-first day. The femoral vein was found full of pus, and there was a small abscess in one lung. Mr. Hawkins's patient died apparently from exhaustion, a week after the amputation. The other three cases are recovered. Two cases of primary amputation of the leg, both performed by Mr. Ure in St. Mary's Hospital; one patient, an old man of 63, died from the shock of the severe accident he had sustained; the other is under care. One case of secondary amputation of the leg, recovered. One case of primary amputation of the arm, above the insertion of the deltoid, by Mr. Simon; the man has recovered well. Two cases of amputation at the ankle-joint, for diseased tarsus and for compound fracture; one by Mr. Fergusson, in King's; the other by Mr. Ure, in St. Mary's; both are doing well. One of Chopart's amputation, for diseased tarsus, by Mr. De Morgan, in the Middlesex; and another of amputation at the metatarso-phalangeal joint, on account of compound fracture, by Mr. Lawrence, in St. Bartholomew's; both recovered. A man, whose leg had been amputated by Mr. Lloyd in St. Bartholomew's Hospital, and whose stump was so nearly healed that we had considered him convalescent, has died within the last week from prostatic abscess and gangrene of the penis. The cause of death had thus no connection with the operation.

Excision of Bones, Joints, etc.—The two cases of excision of the wrist-joint, that of the head of the femur, and those also of parts of the tarsus, previously reported, all remain under care. In Mr. Fergusson's wrist case, some more portions of the carious carpal bones have been removed. In Guy's Hospital, Mr. Cock has operated, during the month, on two cases of diseased tarsus, removing large portions of bone; the patients are progressing favourably. In St. Thomas's, Mr. Clarke has performed the successful excision of a part of the upper maxilla on account of a malignant growth from the gum which adhered to the bone. Mr. Simon has removed the whole of a carious metacarpal bone of the thumb from a man who had suffered from disease about the part for five years. Mr. Partridge's case, of somewhat similar character, as also Mr. Hilton's, are still under treatment.

Removal of Necrosed Bone.—Eleven operations for the removal of dead bone (the long bones) have been performed during the month, and, together with seven of those previously reported, their subjects continue under care.

Excision of Malignant Growths.—Four out of the six cases reported last month have recovered; the other two are doing favourably. During the month, one case of scirrhus of the mammary gland has been operated on, with favourable result. One case of epithelial cancer of the prepuce. The patient in the latter was under the care of Mr. Moore, in the Middlesex Hospital. He was 65 years old, and had perceived some induration of the prepuce for nearly a year, but there had existed a distinct tumour for only about a month. The glands in the groin were not indurated, and, the disease being quite in an early stage, the case was one very favourable for operation. The whole penis was amputated, and the wound soon healed. One case of very extensive epithelial cancer of the lower lip and integument of the chin, operated on in Guy's Hospital, by Mr. Hilton. The portion removed was very large, and, to close the wound, the adjacent skin had to be dissected up and united by means of harelip pins. The result was very successful, union by first intention occurring in almost the whole extent. A case of epithelial cancer of the lip, operated on by Mr. Lloyd, in St. Bartholomew's Hospital, remains under care. In University College Hospital, Mr. Quain has, in one case, extirpated the eyeball, on account of a tumour in the orbit, which, from its progress, had appeared to be malignant; under the microscope, however, it displayed only fibro-plastic characters. In St. Thomas's Hospital, Mr. Simon excised part of the tongue of an elderly man, for a very suspicious-looking growth. Mr. Simon was afterwards, from the result of microscopic examination, inclined to believe that it was warty, and not really cancerous.

Excision of Non-Malignant Tumours.—With three exceptions, the cases previously reported are recovered. Seven operations have been performed during the month, all of them successfully. Two were for fibrocutaneous outgrowths from the labia; two for fatty tumours on the shoulder; one for epulis; one for sero-cystic tumour of the breast; one for an exostosis, the size of a pigeon's egg, from the border of the bicipital groove of the humerus.

Puncture of the Bladder.—This operation has been performed once during the month on account of impassable stricture. The patient is in charge of Mr. Cock, in Guy's Hospital, and remains under treatment.

Operations for Urethral Stricture.—The cases reported last month are still under treatment. In one case of impermeable stricture, in which, during the month, urethrotomy was performed, death resulted from subsequent peritonitis. In another, under the care of Mr. De Morgan, in the Middlesex Hospital, the operation of cutting down on the end of the sound just anterior to the stricture, with the intention of prolonging the incision into the proximal part of the urethra, was performed. Mr. De Morgan was not at the time successful in introducing an instrument, but he stated that he believed nevertheless that the obliterated part of the canal had been divided. The patient has done well, and a catheter has subsequently been passed through the whole urethra. The man had, on a previous occasion, had a similar operation performed in another hospital, and he had also had his bladder punctured by the rectum.

Paracentesis Thoracis.—The case in St. George's Hospital remains under treatment, and the operation has again been performed.

Paracentesis Abdominis. — In *Ascites* four times, in all with relief. *Ovarian Dropsy* five times; one of the patients died of exhaustion afterwards; there was found at the autopsy a collection of multilocular cysts, in one of which suppuration was commencing.

Ligature, etc. of Nævus —Operations for the cure of nævus have been performed in six cases. In one, under the care of Mr. Cock in Guy's Hospital, the injection of the solution of perchloride of iron has been practised a second time, with the effect of rendering the tumour solid, and without any evil consequence. We leave the others, several of them of peculiar interest, for a future detailed report.

Fistula in Ano.—Four cases remain under treatment, and five operations have been performed during the month; all are doing favourably. In one, under the care of Mr. Cock in Guy's Hospital, stricture of the rectum also existed, and was divided at the same time that the fistula was laid open.

Operations for the Cure of Ununited Fracture.—The two cases in St. Bartholomew's Hospital are yet under treatment, and the result cannot in either be spoken of with certainty.

Plastic Operations.—Mr. Quain's case of rhinoplasty has, after a small second operation, been discharged well. The other cases previously reported remain under care. Mr. Paget informs us, respecting the case on which three months ago he operated for a large urethral fistula, and apparently without success, that since the man left the hospital, the process of healing has gone on with so much of contraction, that the aperture is now nearly closed, and the man can at times pass urine through the whole length of the canal. Three cases of single harelip have been successfully operated on. In a case of cut throat, in which the wound remained open, Mr. De Morgan, in the Middlesex Hospital, performed the operation of paring the edges, and then uniting them by sutures; it has only partially succeeded.

Ligature of Varicose Veins.—Mr. Erichsen has successfully treated a case of varicose veins of the leg in a woman, in University College Hospital, by the needle and twisted suture. No inconvenience attended the measure.

Employment of Galvanic Cautery.—The cases remain under care.

Neurotomy.—In King's College Hospital, on a patient who suffered from severe neuralgia, unrelieved by ordinary means, Mr. Bowman performed subcutaneous division of the trunks of the infra-orbital and of the mental branch of the inferior dental nerves. Very great relief has been afforded.

Operations for Cataract.—No *extractions* have been performed at the general hospitals during the month. The two cases undergoing treatment by *absorption* remain under care.—*Medical Times and Gazette*, January 21, 1854.

CHOLERA.

Review of an "Analysis of the Official Reports on Cholera in Sweden, in the year 1850, by Dr. FR. TH. BERG." By EDWARD CARLTON, M. D.

(Continued from page 31.)

Some of the best illustrations of the introduction of the pestilence may be found in the report of its progress through the various islands that stud the coast of Sweden.

On the 10th of November, a boatman, already labouring under cholera, returned from Götheborg to Lofoen in the *Skärgård;* he recovered, but his wife and mother both took the disease and died. The persons who placed the deceased in their coffins carried the malady to another island, Brattö, and from thence it passed to the mainland adjoining. The parish of Ucklum remained free from cholera till the end of October, when a labourer, Nils Magnusson, returned home from the Saetter, or hill pastures at Ström, where several persons had already died of the disorder. Nils recovered, but four persons in his house took the disease, of whom two died. A young woman who attended on these last, sickened and died, and was shortly after followed by her father, who had nursed her in her illness. A labourer, who lived in the house of the last named person, died at a cottage about six English miles off, when the cottager next took the disease, and died on the same day. It is observed in the Report, that none but those who had communication with the infected suffered from cholera. No precautionary measures were adopted in this district, or in the greater part of the neighbourhood of Götheborg.

The island of Tjörn is separated from the mainland of Sweden by a narrow sound. Great alarm was felt by the inhabitants when the disease appeared at Götheborg, but their measures of precaution seem to have been lamentably deficient.

The reports of the district physician, Dr. Ossbahr, plainly show that the inhabitants of Tjörn really exposed themselves in every way to the pestilence, and that they were in such a condition, as regards their customs and their habits, as pre-eminently to favour the progress of cholera. The mortality in Tjörn seems to have much exceeded the usual average. Out of 51 cases 20 deaths are recorded.

In Aseby, where the disorder first appeared, the greater part of the inhabitants were attacked, and only three recovered. It was observed too on the other farms, that most of the cases occurred in one or two houses or families. The excessive mortality in Aseby is ascribed by Dr. Ossbahr to the circumstances that three families, which had before inhabited separate chambers, all, upon occasion of the first death from cholera, crowded themselves into a single room, wherein children and adults, the diseased and the healthy, continued to reside in the most extreme misery and filth. Moreover, numerous relatives from other farms flocked in to see them, and many of these becoming infected were carried to their own houses, and were the means of spreading the disease in other places. So excessive, however, was the fear of the pestilence among the people of Tjörn, that at first, continues Dr. Ossbahr—

"It was impossible for me to obtain attendants to wait upon the sick, except among their nearest relations. At length, I succeeded in persuading a few, both men and women, to undertake this office; but, alas! after a few days, the best and the most active nurse, Anna Olsdotter, took the disease, and, still worse, she died!!

"When I first arrived on the island (November 30), I earnestly entreated the authorities not to permit the healthy and the diseased to remain in the same chamber. This, however, was neglected, or no measures were taken to enforce obedience. During the first days of my residence in Tjörn, the doors of the infected houses were constantly closed to me, nor could I anywhere obtain the requisite attendance on the sick; but no inhabitant ever hesitated to attend the funerals of the cholera victims, where brandy, with camphor dissolved therein, was swallowed in immense quantities." (p. 194.)

As to the mode in which the disorder was introduced, Dr. Ossbahr's report is at variance with that of the local authorities. The latter assert that not one out of at least 100 individuals who visited Götheborg, while the cholera raged in that town, were affected with the disease either there or on their return to Tjörn. Dr. Ossbahr tells us a very different story, without, however, directly contradicting the above assertion:—

"From what I ascertained in Tjörn, a man of the name of Rutger Jonasson, a son of Jonas Pehrsson, in Aseby, had visited Götheborg on the 6th of November, and had there purchased various articles of clothing which had belonged to persons there dead of cholera. These clothes were made up into a bundle by Jonasson, and were brought by him direct to Aseby, where he placed the bundle in a chest, and allowed it to remain there for eight or ten days. One day, when a number of his relatives were assembled at Aseby, the bundle was taken out by Jonasson, with the remark that, 'the things had now lain-by so long that there could be no danger of infection,' and he accordingly offered the articles of clothing for sale. The clothes were handled and examined by those present, and purchased by some. The day after (November 16), Jacob Christiansson, a man of 76 years of age, and one of those who had been present at Jonasson's house on the above occasion, was attacked with cholera, and one after another, all who had been there on the 15th, to the number of six individuals, fell victims to the disorder." (p. 195.)

The parish of Quille lies 30 or 40 English miles to the north of Tjörn, and no case of cholera had occurred in the intervening district. The disease here broke out on the 17th of November, shortly after the arrival of three boatmen from the infected district of Wenersborg.

In Lilla Edet, on the left bank of the Götha Elv, about 120 cases occurred, nearly one-half of which proved fatal. Here, as in other places, it was remarked that many persons whose bowels had been habitually constipated for years, became perfectly regular in their evacuations during the prevalence of cholera, but when the pestilence ceased, their bowels again became inactive.

Of four nurses employed at Lilla Edet, two were affected with cholera. The disease was perhaps more widely spread in this district, from the circumstance of its inhabitants being mainly employed on the "Ströms" Canal, which is cut through the rocks from the Wener Lake to the Gotha River, to avoid the Falls of Trollhätta. The amount of commerce on the Ströms Canal may be inferred from the fact, that from the 20th of September to the 29th of October, 1850, 562 vessels passed through the sluices at Trollhätta, and in many of these, in their voyage up the river from Götheborg, cholera had appeared. The people of Lilla Edet were therefore in constant communication with ships and with individuals coming from the infected district of Götheborg.

In the parish of Asbräcka, the first case of cholera was that of Peter Andersson, who had visited his brother, Andrew, in the parish of Fuxerna (8 or 10 English miles off), while the latter was labouring under the disease. Peter Andersson sickened in his brother's house, was brought home to his own cottage, and there died. Five more of his household took the disease, of whom three died. Of his whole family the widow alone survived.

At the Falls of Trollhätta, there is a considerable population of 1,400 to 1,500 souls. Here 96 cases of cholera occurred with 43 deaths. The causes of this high mortality are best given in the words of the report:—

"Unhealthy and crowded dwellings, want and intemperance, greatly increased the number of victims; and it was observed that the malady was peculiarly severe in those families where many individuals resided in one or two small rooms; while, when cholera did appear among the better classes, it seldom spread to the rest of the household, especially where the dwellings were large, airy, and well kept. Two old persons, man and wife, who lived about an English mile from Stafvered, but were not known to have had any communication with infected persons, were attacked with the disease almost at the same hour, and both soon died. A woman, aged 30, who attended them, took ill two days after at her own house, but gradually recovered; while her aged parents, residing in the same dwelling, fell victims to cholera after about a day's indisposition. A boy of 6 years of age lived also in the same room, but on the death of the old people and the illness of their daughter, he was sent home to his father, who resided in a wretched cottage at Stafvered. On the day of his arrival there he sickened and died; directly afterwards a girl in the same house was attacked and soon expired; and two children were likewise affected, but recovered. Many of the nurses who tended patients in some of the more remote and more wretched tenements, were carried off by cholera." (p. 219.)

The first case of cholera in Skepplands parish occurred in the person of Anders Jonasson, who, on the 29th of September, had visited Götheborg, to bring home his son Andrew, who was working there. On the 1st of October, this son was attacked with diarrhœa, vomiting, and cramps. In the night of the 3d of October, the father was seized with the like symptoms, and died on the 4th, at two in the morning. Another son, Hans, sickened on the 6th, and died on the following day.

At Wenersborg, a few miles above the Falls of Trollhätta, the Götha Elv flows out of the great inland lake of the Wenersee. The tide of commerce from Götheborg, which has hitherto been confined to the limits of the Götha River, here spreads out to the various ports situated on this vast expanse of waters. One of these ports is the town of Amal, containing 1,297 inhabitants, and situated on the northern shores of the Wener Lake. Here 58 cases occurred, but only 12 deaths, which may be explained by the fact that the disorder prevailed a good deal among the better classes.

On the 7th of October, a ship arrived from Götheborg, in which cholera had broke out four days after leaving that town. We cannot, however, trace the introduction of the disease to this vessel, or to the fact of one of the victims of the pestilence having been buried in the churchyard of Amal. On the 13th of October, the steamboat *Arvika* arrived from Wenersborg (an infected port), and the passengers are then said to have been in good health, but on board of this boat were a number of workmen returning to their homes far up the country beyond Amal, and many of these men, as we shall presently have occasion to relate, carried the pestilence with them to their own distant dwellings. Between thirty and forty miles to the east of Götheborg lies the parish of Möne, where a few cholera cases occurred, while the intervening district for at least 20 miles enjoyed perfect immunity from the disease. The first case was that of Gustav Johansson, aged 25, and an intemperate man, who, on the 9th of November, returned from Götheborg, after having purchased there the clothes of some of the cholera victims. He was seized with cholera on the 11th, but recovered. On the 20th of November, his father, and shortly his mother and two young relatives, were attacked. During their illness they were attended for two days by a cottager's wife, Maria Andersdotter, who sickened in their house with the same symptoms, and being carried home to her own dwelling, died there on the 26th. A soldier's wife, Annicka Winberg, nursed the last-named patient for two days, and died of cholera on the same day. On the 28th, her husband was carried off by cholera, and on that day also his son, who, after attending his mother's funeral, had returned to his own dwelling at some distance, and there was seized with the usual symptoms. His wife, his child, and an old man who frequented his house, were likewise severely affected. A woman, Sarah Blix, who had come from a distance of two miles to wash and clothe the bodies of Annicka Winberg and others, sickened on the 27th of November at her own home. She was attended for two days by her daughter-in-law, who became also affected with cholera, but both eventually recovered.

In the next parish of Timmelhed, the following cases were observed: Johannes Andersson, aged 36, sickened on the 22d of November, after having visited Götheborg on the previous day. On the 29th, his wife sickened, and died after 18 hours' illness. The same evening his mother-in-law, and also a child of a year old, were attacked, and both died on the following day. On the 2d of December, his daughter, Maja, was seized with cholera, and died on the 6th; and a girl in the house suffered from the same symptoms, but recovered. The house was now shut up and watched, and the disease did not spread farther.

We have now traced the course of the pestilence along the Götha River upwards from Götheborg, to where it debouches from the Wener Lake. Some of the traffic from Götheborg passes into the interior of Sweden, to the east of the Wener Lake, by the Götha Canal, which connects that lake with the Wettern-See. The Götha Canal joins the Wener-See at Sjötorp. From the 20th of September to the 9th of October, 36 vessels passed the sluices of the canal here, and proceeded to the eastward. All these vessels were from the infected districts of Götheborg or Wenersborg, and few or no precautions against the importation of the disease seem to have been taken. The first case occurred on the 9th of October, in the person of a labourer in the dockyards at Sjötorp. He died after 14 hours' illness; his brother, who attended him, sickened on the same day, and died on the 11th. The brother-in-law of the first-named victim attended the *post mortem* of his relative, and took ill immediately after, and died on the 12th. A few hours after, his daughter was attacked, and she died on the 13th. The individuals who attended on these patients all suffered more or less from sickness and diarrhœa, but the disease did not spread further. The clothes &c. of the dead were carefully fumigated, and the house was avoided by the neighbours.

Cholera also appeared in an isolated spot in Wanga Parish, about 15 E. miles due south of Lidkjoping, on the Wener-See. Here 46 cases occurred, with 18 deaths. The first case was that of Gustaf Gabrielsson, who had been to Götheborg on the 12th of November to sell poultry. He was taken ill of cholera on the 17th, but eventually recovered. A soldier, aged 33, who had conversed with this man in the open air, after his return, but had not visited his house, took the disease on the 22d of November, and before the 28th of that month two of this man's children died of cholera, while another child and his wife were severely affected. On the 27th of November, the nurse who attended the above was attacked, and died on the 4th of December. During her illness, five of her children took the disorder, of whom three died. On the 2d of December, the nurse who had succeeded the above in attendance on the soldier's family, sickened, and on the 4th of that month two of her children took the disease, and one only recovered. The village where these cases were observed was, as regards its sanitary condition, eminently favourable to the progress of cholera. Large dunghills were accumulated around the cottages, the inhabitants were crowded together in dark and filthy chambers, to which fresh air never found access; while their diet was little, if at all, superior to that of the Irish peasantry. They seem, too, to have been a rude and uncultivated race, for the Report goes on to state, that one afternoon the peasants forcibly entered the hospital, with the view of expelling all the inmates, and this for the sole reason that their maintenance occasioned a heavy expenditure to the parish!

On the north side of the Wener Lake, on a promontory in the district of Näs, lies the parish of Eskilsaetter. Into this isolated district cholera seems to have been introduced by the yacht Anna Maria, which sailed from Lidkjöping on the 14th of October, after having taken on board several labourers, who had come thither from the infected districts on the Götha Elv. During the voyage across the Wener Lake, two of the passengers became affected with diarrhœa and vomiting; and on the same afternoon, the skipper of the vessel, Nils Olsson, was seized with the same symptoms, and died on the 17th, on an uninhabited island off the coast. On the 19th of October, another of the crew, Gustav Carlsson, was similarly affected, but he so far recovered as to be able to reach his own home at Getterud in Eskilsaetter Parish, where he was visited on the 20th by Dr. Ekegreen, who pronounced his case to be one of genuine Asiatic cholera. This man recovered, but on the 21st, his mother, who had attended upon him, was seized with cholera, and died on the morning of the 23d. A young woman, who had likewise acted as a nurse to Carlsson, was affected with the usual symptoms, but recovered. The clothes of the captain of the yacht were taken to his home at Gaperhult, and shortly after, a young woman in the house where they had been deposited was seized with cholera. A fresh crew was now put on board of the ill-fated vessel, and she sailed from thence towards Carlstadt; but on the 2d of November, the new captain died of well-developed cholera. The clothes of Nils Olsson at Gaperhult were now carefully fumigated, and the house was closed; the same was done at Getterud, and the disease did not spread further. Dr. Ekegreen remarks—

"Whatever differences of opinion there may have been regarding the efficacy of measures for *shutting out* (*uteständgande*) the cholera, all seem to be agreed as to the advantage of *shutting in* (*inneständgande*) the disease when it has made its appearance in a house, whether in a village or in the country." (p. 296.)

To the north of the Wener Lake, and thirty or forty English miles inland from Amal, lies the secluded district of Fryxdahl. About thirty workmen from this locality had been for several months employed in the construction of the new prisons at Wenersborg, above Trollhätta. The first cases of cholera in Wenersborg were reported on the 10th of October; and on the 13th of that month, thirty-three of these men embarked in the steamboat *Arvika* to return to their homes. On the 15th, they landed at the village of Arvika, and then separated into parties to make their way home. One of these men, Hakan Nilsson, was attacked on the succeeding day, and died at a hamlet on the road. His brother, who lived at a considerable distance, hearing of his illness, hastened to see him, but Hakan Nilsson was dead before he arrived. The brother immediately returned to his own home, and died there on the night of the 19th, of cholera. The clothes of Nilsson were carefully fumigated, and the malady did not spread. A larger party of these labourers took a route to the eastward of Arvika, and crossing a considerable tract of country, rowed over the Fryxen Lake to

Ostra Emtervik, and there separated to go to their different dwellings. Three of this party were now attacked with cholera—viz: Jons Olsson on the 17th, Jan Jonsson on the 19th, and Olof Jonsson on the 20th. The first two died, each after 24 hours' illness; the last recovered. All these men lived in separate cottages, at a considerable distance from each other. On the 22d, Mans Ersson, who inhabited the same room as the above-named Olof Jonsson, was attacked with cholera, and expired after five hours of suffering. This man had not, for a long period, left his home, and had had no communication with any infected locality or person, excepting with Olof Jonsson. The same night, Olof Olsson, dwelling at Sodra As, sickened of cholera, but recovered. He had been foreman of the workmen at the prisons at Wenersborg, and had also visited Jöns Olsson when the latter was taken ill. On the 23d, Jan Nilsson, another of the workmen from Wenersborg, was seized with cholera. On the 24th, Sven Pettersson and his wife, residing at a little distance from the hamlet of Lerbratarne, where the above cases occurred, both sickened of cholera, and these individuals had, a day or two before, visited the people at the above-named hamlet. On the 25th, Brita Olsdotter, widow of Mans Ersson before mentioned, was attacked with cholera, as was likewise Olof Jansson in Ostmanby, whose son had been one of the workmen at Wenersborg, and had returned with them, but was not himself affected. The village of Lerbratarne was now carefully secluded, and no further cases appeared.

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Treatment of Cholera.—Dr. de Hubbenet, in an essay on the cholera as observed at the Military Hospital of Rien (Russia) in 1848—recently submitted to the Medical Society of the Paris Hospitals—states that the remedies which have in turn been extolled cannot be depended upon. He has seen the following fail completely: the saline injections into the veins—they were tried upon six patients without any good results; galvano-electricity (one of the wires placed on the rectum, and the other on the epigastrium) did not prevent death in the consecutive fever, though it produced some reaction; inhalations of oxygen were of no avail, neither the inhaling of carbonic acid gas, as advised by a physician of Teflis; the cold-water treatment was also unsuccessful, sixty-one patients out of ninety-eight so treated having been lost; chloroform only momentarily alleviated cramps; nor was there any advantage derived from quinia, ether, valerian, and other antispasmodics, together with nux vomica. The author was, however, somewhat luckier with opium given in the first stage in two and three grain doses, or half a grain every hour or half hour. In the second stage ipecacuanha, with vapour baths and frictions, were found of some use.—*Lancet*, Jan. 21, 1854.

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The Principles on which the Treatment of Cholera should be based.—Dr. Snow read a paper on this subject before the Medical Society of London, Jan. 21, 1854. He said that the absence of settled opinions respecting the nature of cholera was the cause of the various and contrary plans on which it was treated. In the greater number of epidemic or self-propagating diseases, the morbid poison entered the blood in some way, and after multiplying itself during a period of so-called incubation, it affected the whole system, the illness commencing by fever and other general symptoms. Cholera, on the other hand, commenced with an effusion of fluid into the alimentary canal, without any previous illness whatever, and the subsequent symptoms were the result of the change in the blood occasioned by this effusion of its watery part. The analyses of the blood of cholera patients, performed by Dr. O'Shaughnessy, Dr. Garrod, and others, proved that its thick and tarry condition was caused by the loss of a great part of its water, together with a portion of its saline constituents. The physical state of the blood prevented it from passing through the capillaries of the lungs, except in very small quantity, and these occasioned the symptoms of asphyxia; whilst the arteries throughout the body, being almost deprived of blood from the same cause, produced the coldness and other symptoms of collapse. These circumstances indicated that the immediate action of the cholera poison was confined to the alimentary canal, and this view was confirmed by the circumstance that all the general symptoms could be removed for a time by the injection of a weak saline solution into the veins, which merely replaced the portion of the blood which had been lost, and could not remove the effects of a poison circulating in that fluid. The preliminary diarrhœa with which the greater number of cholera cases commenced, could generally be cured by the ordinary remedies for diarrhœa, which could not have any effect on a poison circulating in the blood. The evidence respecting the mode of communication of cholera that he had brought before the Society on a previous occasion tended also to show that the *materies morbi* entered the alimentary canal by being accidentally swallowed, and there propagated itself, and was discharged in the evacuations. The following were the principles of treatment which the above view of the pathology of cholera suggested:—

1. Medicines should be chosen which have the effect of destroying low forms of organized beings, and of preventing fermentation, putrefaction, and other kinds of molecular change in organic matter. Prepared animal charcoal, sulphur, and creasote were amongst the agents which deserve a more extended trial.

2. The remedies should be administered with a view to their action in the stomach and bowels, and not to their being absorbed.

3. They should be given in such quantities and in such a form as to insure, as much as possible, their application to the whole surface of the alimentary tube.

4. These medicines should be continued till there was no danger of a return of the purging.

5. It was useless and injurious to attempt to bring the patient out of the state of collapse by stimulants and the application of heat, and they should give watery drinks, and be content to wait till they were absorbed, unless in desperate cases, in which it might be desirable to inject into the bloodvessels a weak saline solution, resembling the portion of the blood which had been lost.—*Lancet*, Jan. 28, 1854.

Cholera in England.—Only one case of cholera was reported as having occurred in London during the week ending Jan. 21.

It is stated in the *Lancet* of the 28th Jan. that cholera of a most virulent type has broken out at Cardle, among the slate quarries of the Duke of Breadalbane. The attacks number 10, and the deaths 4 daily.

Cholera in Paris.—It would appear from documents which have been published, that the disease broke out in the French metropolis on the 11th of November, 1853. Up to the 28th of the same month, 116 patients were admitted in the different hospitals, and 57 cases occurred among persons already in the wards—total, 173; of whom 79 died. The deaths in town were 42; and in the suburb, called Bercy, 16. Total number of deaths, 136 in seventeen days. From the commencement (11th of November) to December 7—hospital patients, 478; deaths, 102. In the town, the deaths had been 93. Up to the 13th of December, 1853, 624 cases in hospitals; deaths, 253. At the present time the disease may be looked upon as having almost disappeared. On the 29th of December, 1853, the returns were as follows: From the outbreak of the epidemic (November 11) to the 29th of December in the evening, 931 patients had been admitted into the hospitals. 336 had been discharged; and 421 had died. 174 were still under treatment. The admissions for the last few days of the year had been very few. On the 29th, for instance, only 7 cases were received into public institutions; 18 were discharged; and 1 had died. In private houses, there had been, up to the 19th of December, 1853, 251 deaths from cholera.—*Lancet*, Jan. 21.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Naval Medical Board.—A Board of Naval Surgeons will assemble at the Naval Asylum, Philadelphia, on Monday, March 6, 1854, by order of the Hon. Secretary of the Navy, for the examination of Assistant Surgeons for promotion, and candidates for admission into the Medical Staff of the Navy.

The Board will consist of
Surgeon Thomas Dillard, President;
" James M. Greene, and
" W. S. W. Ruschenberger,
members; and Passed Assistant Surgeon A. A. Henderson, Recorder.

The following is addressed to all candidates:—

GENERAL ORDER.

NAVY DEPARTMENT,
February 1, 1854.

1. Hereafter a Board of Surgeons in the Navy shall assemble annually at such place

as may be designated by the Department, about the close of the lecture seasons of the Colleges, for the examination and selection of candidates for admission into the Medical Corps of the Navy, and the examination of Assistant Surgeons who may be candidates for promotion.

2. The Board will select from the qualified candidate for admission, such a number of the best as may be necessary to meet the demands of the service for the following year.

3. As vacancies occur in the Medical Corps of the Navy, appointments will be made from the qualified candidates in the order of succession in which they may be named by the Board; but no appointment will be given to any such candidate who is over twenty-five years of age.

4. No qualified candidates will be held over for appointment after one year, but all such must be re-examined and take position in the class in which they are last examined.

5. Every candidate for admission will be examined, strictly and carefully, as to his physical capacity for the service, and the Board will make a separate report in each case, which will be forwarded *direct* to the Department, to be placed on file with the testimonials of the candidate. The examination will precede that as to professional qualifications, and no candidate who is not physically qualified will be examined professionally.

6. In order that the relative position of Assistant Surgeons of the same date, who shall be examined for promotion at different times, may be more readily determined, a majority of the members of the Board will be selected, if practicable, from those who served on the next preceding Board.

7. Assistant Surgeons, who are candidates for promotion, shall present to the Board testimonials of correct deportment, and habits of industry, from the Surgeons with whom they have been associated on duty; also, a Journal of Practice, or Case Book, in their own handwriting. They are expected to be familiar with all the details of duty specified in the "Instructions for the government of Medical Officers."

J. C. DOBBIN,
Secretary of the Navy.

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The Philadelphia College of Physicians, at a late meeting, appointed the following delegates to the American Medical Association, at its seventh annual session, May, 1854: Drs. Charles D. Meigs, Jno. B. Biddle, George B. Wood, Samuel Lewis, Francis G. Smith, Isaac Hays, James M. Greene, John Neill, Lewis Rodman, John D. Griscom, S. L. Hollingsworth, and Robert Bridges.

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Philadelphia County Medical Society.—At a meeting of this Society, held January 18, 1854, the following delegates to the American Medical Association, and to the State Medical Society were elected, viz:—

To the American Medical Association.—Drs. William Ashmead, Thomas T. Betton, Charles H. Bibighaus, Benjamin H. Coates, Levi Curtis, G. Emerson, Edward Hallowell, Edward Hartshorne, S. C. Huston, N. L. Hatfield, Alexander C. Hart, Wilson Jewell, Alfred L. Kennedy, Wm. H. Klapp, John F. Lamb, Rene La Roche, Samuel Lewis, J. H. B. McLellan, W. S. W. Ruschenberger, Isaac Remington, R. H. Townsend, J. S. Zorns.

To the State Medical Society.—Drs. Wm. Ashmead, T. E. Beesley, Thomas F. Betton, Charles H. Bibighaus, Benjamin H. Coates, D. Francis Condie, Isaac Comly, G. Emerson, James V. Emlen, George Fox, David Gilbert, Edward Hallowell, Isaac Hays, Henry Hartshorne, Nathan L. Hatfield, A. Helffenstein, Jacob Huckel, John H. Ingham, Samuel Jackson, Prof. Samuel Jackson, Benj. S. Janney, Wilson Jewell, Alfred L. Kennedy, Joseph Klapp, Wm. H. Klapp, S. Littell, Samuel Lewis, E. F. Leake, J. H. B. McLellan, George W. Norris, William B. Page, John M. Pugh, Isaac Remington, Lewis Rodman, W. S. W. Ruschenberger, Moses B. Smith, Robt. P. Thomas, John F. Trenchard, Francis West, Casper Wister, George B. Wood, Joshua H. Worthington, Thomas H. Yardley, Jacob S. Zorns.

Published by order.

ROBERT P THOMAS,
Assistant Secretary.

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Births, Marriages, and Deaths in New York.—The city inspector's register shows that, during the month of December, 1853, there were in the city of New York 1,604 births, 385 marriages, and 1,944 deaths. If the ratio of births and deaths was the same in the country as it is in large cities, the world would ultimately be depopulated, without flood or fire. City atmosphere is especially fatal to the coloured race. The statistics for December show that, while only 18 coloured children were born, 43 coloured persons died.

The Mortality of a Week.—During the week ending on Saturday, the 11th Feb., the number of deaths in the city of New York was 496. Smallpox has become the most prevalent and fatal disease in the list. It carried off 57 victims during the week, while consumption, which has hitherto been the most prevalent disease, killed only 55. There was also 2 deaths from varioloid.—*New York Commercial Advertiser.*

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Mortality in Philadelphia.—The whole number of deaths during the month of December, 1853, in the city of Philadelphia, as shown by the report of the Board of Health, was only 682—including 12 stillborn.

During the week ending Saturday, Feb. 11, the total mortality was 204. The largest mortality was from consumption, which numbered 34. There were but two deaths from typhoid fever, one from typhus fever, and two from smallpox.

The mortality for the week ending Feb. 18, was 215, including 9 stillborn: 27 deaths were from consumption, 16 from inflammation of the lungs, 1 from typhus, 2 from typhoid fever, 13 from convulsions; only 1 from smallpox.

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Medical Institution of Yale College.—At the annual examination on the 26th of January last, ten candidates were examined and recommended for the degree of M. D.

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Medical Students in St. Louis.—There are in regular attendance on lectures in the medical department of St. Louis University about 130 students. In the medical department of Missouri University about 70 students.—*St. Louis Med. and Surg. Jour.* Jan. 1854.

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The American Medical Monthly.—This is the title of a new journal, the first number of which was issued in January last, and which is to appear monthly. It is conducted by the Professors in the New York Medical College. Dr. Edward H. Parker, who originated and conducted with much ability the *New Hampshire Journal of Medicine*, is the editor, and we are happy again to find him among the editorial corps.

FOREIGN INTELLIGENCE.

Excision of the Knee-Joint.—Mr. Smith introduced at a meeting of the Medical Society of London (Nov. 19, 1853), for the inspection of the fellows, two persons on whom this operation of excision of the knee-joint had been successfully performed by Mr. Jones, of Jersey, who was present at the meeting, and who had been induced at his request to allow them to be brought here. All those present must be aware that much discussion had been carried on respecting this operation, and that a great deal of opposition to it had arisen in certain quarters, and unfortunately we had not yet had sufficient experience in London to lead us to form a definite conclusion respecting the merits of the proceeding in question. In other parts of Great Britain, however, it had been adopted with great success, and especially in Jersey, by Mr. Jones, who had had six cases, five out of which were now quite well. Two of these patients were now presented. One of them, a young man of twenty, walked up the room without any artificial appliance whatever, and was able to use his limb very extensively, it being perfectly straight, and only half an inch shorter than its fellow, so that it is not necessary for him to wear a high-heeled boot. The knee is anchylosed, there being hardly any movement. The man is in perfect health, and stated that he had walked as far as six miles together, and is now enabled to carry on his occupation, which is that of a house-painter. The other was a boy, aged twelve, on whom the operation of excision had been performed seven months only. The limb was quite straight, as in the other, and there was perfect bony anchylosis at the knee. In this instance, however, the patella had been left so that the boy had full power of lifting the limb, inasmuch as the attachment of the great extensor tendon was left. It was noticed that this little boy walked up the room with the aid of two sticks. This was explained by the existence of a circumstance which rendered the case very interesting. This was a dislocation of the hip of the opposite side, which had occurred spontaneously from disease some few weeks after the operation. Fortunately, however, the disease in the hip had become arrested, and the patient, although he ordinarily used two sticks, was enabled to walk, resting upon the arm of another person. He was daily getting strength, and doubtless in time would be able to progress with facility. If, however, amputation of the thigh had been done, and he used a wooden leg, the dislocation of the hip on the other side would have prevented progression, the superiority, therefore, of excision of the knee-joint was doubly shown in this example.

Mr. Jones had operated in six cases; in five of these the operation was successful. The sixth would have been equally satisfactory, but the patient, a lady, died ten days after the operation, of dysentery, which was then prevalent. One of the patients he had operated upon could run well up a ladder, and another play at foot-ball. He had brought the two patients just exhibited up to London, to seek the opinion of the more experienced surgeons here, with a view to determine whether the operation were a legitimate one, or should be abandoned.—*Lancet*, Nov. 26, 1853.

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Causes and Treatment of Tetanus.—Dr. JACKSON states (*Indian Annals of Medical Sciences*) that within the tropics, and at certain times of the year, the slightest cause will bring on tetanus, proving fatal within a few hours. I have known a healthy young woman (European) attacked with tetanus on the third day after a favourable confinement, and die on the fifth. I have known a healthy young native woman, after miscarriage, seized, and die within thirty-six hours; and I have witnessed a poor child, brought by its parents, who had been subjecting him to a beating for obstinacy in not opening his mouth and answering them, or taking any food, who was labouring under trismus, the effects of a burn, and who died within twenty-four hours. I have known it result after the operation of hernia when the cicatrix was forming, and the patient die. I have seen tetanic spasms come on during the same operation, whilst returning the intestine, and death result within twelve hours. I have seen it occur after amputation of a limb; from the irritation of dentition; from the irritation of the navel on the fifth day. I have several times found it arise from a slight wound on the ball of the great toe, caused by the man striking his foot against a rattan mat; and I have known the same to occur when the specific poison of hydrophobia has been absorbed.—*Treatment:* I have, up to a late period, looked upon almost every case as hopeless. From seeing the benefit after venesection, and a dose of laudanum and aloes, with most perfect rest in a dark room, in the treatment of a horse, I have subjected my patient to a similar plan, but it did not succeed. I have divided the posterior tibial nerve in two cases where the injury was in the foot; no relief in one case, and the other died from cholera. The tobacco I have tried with some degree of benefit, but the exhaustion was extreme, and the patient died. Ice to the spine, opium, and camphor I have tried, but have no faith in them; hemp with aloes, with somewhat better success; chloroform also, but it was not until I had used this in combination with the hemp and aloes, supporting the patient with good diet, quinia, and, if needed, with wine, that I have met with anything like success.

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On the Medicinal Properties of the Coffea Arabica. By W. HAMILTON, M.D.—It is an important fact in vegetable physiology, which becomes every day more fully developed, that the active properties of the fruit are frequently, if not universally diffused in a greater or less degree throughout the leaves, bark, and other parts of the plant; thus, the leaf of the *Vitis vinifera* has been long known to possess the same property of yielding wine by proper manipulation as the berry; and a similar property is now ascertained to reside in the leaf of the coffee shrub, which, by due torrefaction, as has been recently shown in the *Pharmaceutical Journal*, is capable of yielding a beverage equal in all its sensible qualities to that obtained from the torrified berries. But the importance of this discovery may not be confined to the economical, but may also be found to extend to the medicinal properties of coffee, which, becoming reduced in price by this important discovery, may possibly come more extensively into use.

Calculous complaints are among the most frequent and perhaps the most painful maladies of our island, and are not uncommonly connected with gout and rheumatism; but it is not generally known that the free use of strong coffee, unadulterated with chicory, or any of those other substances with which it has been too much the practice of dishonest dealers to deteriorate the genuine article, is almost a specific for these painful afflictions.

It has been observed by Dr. Mosley, in his "Treatise on Coffee," that "the great use of coffee in France is supposed to have abated the prevalence of the gravel. In the French colonies, where coffee is more used than in the English, as well as in Turkey, where it is the principal beverage, not only the gravel but the gout, those tormentors of so many of the human race, are scarcely known. Du Four relates, as an extraordinary instance of the effects of coffee in gout, the case of M. Deverau. He says this gentleman was attacked with gout at twenty-five years of age, and had it severely till he was upwards of fifty, with chalk stones in the joints of his hands and feet; but for four years preceding the account of his case being given to Du Four to lay before the public, he had been recommended the use of coffee, which he adopted, and had no return of the gout afterwards."

But its efficacy is not confined to the cure or mitigation of these maladies. Sir J. Floyer, who had suffered under asthma for more than sixty years without finding relief from any of the numerous remedies he tried, was at length cured, when above eighty years of age, by the free use of coffee. Other instances of the efficacy of coffee might be adduced, but enough perhaps has been already stated to induce those who labour under these maladies to make a trial of its efficacy, and convince the dealers in the article of the inhumanity, no less than the dishonesty of imposing spurious, in place of unadulterated coffee upon their credulous customers.

It is to be hoped that the important fact of the capability of cultivating the coffee shrub in the lowlands, no less than the sub-Alpine regions of the tropics, for the harvest of its leaves, may lead to its more extended planting both in our East and West Indian possessions, since not only would an additional value be thus given to ground little suited to other tillage, but a valuable addition made to the staple crops without increasing the amount of human labour in their production. When the dried coffee leaves become, like those of the tea of China, an established article of import into this country, it may be hoped that the market price will undergo such a reduction as to render adulteration no longer profitable, and to induce thousands to prefer this exhilarating beverage to the vile compounds of sloe and rose leaves palmed upon purchasers as the genuine tea of China.—*Pharmaceutical Journ.*

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Duration of Life among Medical Men.—According to Dr. Guy, the duration of life is greater among physicians and surgeons than among the general practitioners of medicine and surgery. 2. That this great longevity of the former is only in part explained by a less amount of exposure to contagious diseases and other professional risks. 3. That the duration of life of members of the medical profession (being chiefly physicians and surgeons) does not differ materially from the duration of life of the clergy. 4. That the duration of life of medical men has somewhat increased during the last three centuries.—*Athenæum*, Jan. 1854.

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Penalties to which Medical Men are exposed in the discharge of their Duties.—Judges, including justices of the peace, are protected in the discharge of their duties; counsel are not responsible for the opinions they deliver, or for the proceedings they advise, and jurymen incur no penalty by returning verdicts even contrary to evidence. But the medical profession enjoys no such immunity. Medical men, for acts done in the discharge of their duty, are exposed to legal penalties, and may be subjected to vexatious lawsuits on the weakest and most unfounded allegations. Of this a remarkable illustration is afforded by the case Rough *v.* Rough, Lyell, and others, tried before the Lord-Justice Clerk and a jury, on the 9th of August last.

The circumstances of that case are briefly these:—

The pursuer, Rough, was brought from a distance to her mother's house in a state of insanity, in February, 1847. Dr. Lyell, of Dundee, at the request of her relatives, had several interviews with her, for the purpose of examining into her state of mind; and thereby, and also from inquiries at her relatives and others, and correspondence with the medical man who attended her previously, satisfied himself of her insanity. Accordingly he granted a certificate, on a petition to the Sheriff of Edinburgh, for warrant to confine her, and this certificate was subsequently signed by Drs. Moir and Scott, of Musselburgh, after they had carefully examined the patient. A warrant was thereafter obtained for her confinement in an Asylum, near Musselburgh, where she was in consequence placed. She remained and was treated there down till about Aug. 1850. By that time she had improved in health, and was, in consequence, permitted to remove and board with a family in the village of Ormiston.

Having afterwards recovered, or at least alleging that she was sane, and had never been insane, she brought an action against her relatives and others, and also against the medical men, to recover damages from the former for having wrongously confined, or caused her to be confined, and wrongously detained, or caused her to be detained, in the asylum; and from the latter for granting their certificates without due inquiry and examination.

Drs. Lyell and Scott (Moir being dead) were compelled to defend this action, and after a costly record had been made up, issues were adjusted, and the cause set down for trial—much trouble and great expenses were incurred in getting up evidence and preparing. The day of trial came. A host of counsel appeared for the parties. A jury was empannelled and the trial commenced. But so utterly groundless was the pursuer's case found to be, that, after two or three of her witnesses had been examined, her counsel gave it up altogether, and the judge had to direct the jury to return a verdict for the defenders, in respect there was no evidence to go to them.

The result of this triumphant refutation of the pursuer's accusation is, that Drs. Lyell and Scott, for conscientiously certifying what they believed to be true, are amerced in a heavy bill of costs. For, although the verdict entitles them to decree for expenses, that decree will, it is believed, be utterly worthless.

Surely, for such a grievance a remedy should be provided. It is absolutely necessary that medical men should be protected for acts done in the discharge of their duties. As the law presently stands, actions may be raised against them by every half-witted creature who falls into the hands of a litigating agent, on the allegation that what they did was done without due inquiry and examination. But it is plain that it must always be difficult to prove due inquiry and examination. For physicians do not generally parade their actings in cases of lunacy, or publish the infirmities of their patients to the world at large. Hence, as the slightest evidence offered by the lunatic throws the burden of proof upon the medical man, due inquiry and examination should be presumed, if malice, or conspiracy, or culpable negligence be not alleged and proved. For these are the essence of crime, and a charge against a medical man of knowingly certifying a sane man to be lunatic, is truly a crime. It is plain, that if the prosecutor has a case, proof of malice, or conspiracy, or culpable negligence could as easily be offered as evidence of the want of due inquiry and examination—so the public interest would not suffer; while it is equally plain, that if some such security be not afforded to medical men, they must very often be unduly exposed to actions as groundless, and litigations as vexatious, as this case of Rough's has been proved to be.—*Monthly Journ. Med. Science*, October 1853.

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Graveyard Poisonings.—Dr. Sutherland, one of the graveyard inspectors to the Home Office, has been seriously indisposed from inhaling poisonous gas, the escape from decaying corpses in a graveyard that he inspected. He is, however, now recovering. Dr. Walter Lewis is ill from the same cause.—*Ibid.*

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New Dispensary System in France.—The *Moniteur* of the 22d of November published an article of which the following is a translation: "An important and salutary innovation in the Administration of Public Aid has been introduced under the direction of the Emperor. The following is a very summary account of the new arrangement. The number of medical attendants at the Bureaux de Bienfaisance is fixed at 159; they will be distributed among the twelve arrondissements in proportion to the indigent population. Their services will no longer be gratuitous; they will each receive a salary of 600 francs (£25) in the central quarters, and of 1,000 francs (£42 13*s.* 4*d.*) in those parts, such as the Quarter Pepincourt, the Invalids, Petit Pologne, &c., where the indigent circumstances of the population do not give an opportunity of making a practice, while the distance to be traversed increases the labour of visiting. There will also be in each arrondissement paid midwives. The medical attendants will be presented by the Bureau de Bienfaisance, and proposed by the Director of Public Aid;

they will be elected for six years, and will be capable of re-election. Stations will be appointed in the different quarters, at which patients may consult medical officers, who will be bound to attend at fixed days and hours, and to remain as long as they may be required to give advice. A member of the Bureau de Bienfaisance will be present on each occasion. The medical attendants will visit at their own houses those who may not be able to attend. A register will be opened at the office of each bureau, in which will be inserted the names and residences of all the patients, the date of the commencement of their treatment, and all other necessary information. Patients with acute diseases will be visited at least once a week by an Administrator or Commissioner of Public Aid, who will enter on a schedule such observations as may occur to him, principally with regard to the medical attendance which the patients are receiving. A committee composed of the president, or of a vice president of the bureau, of a governor or commissioner, of the treasurer of the bureau, and one of the medical officers, will meet every week to debate on subjects regarding attendance on the patients, and especially on the visiting lists. They will determine what aid it may be proper to afford, in medicine, food, linen, &c., or even in money. In urgent cases, the president may in the intervals advance such aid as is absolutely needed, and of this he shall render an account to the committee. Persons not enrolled as paupers, such as needy workmen, persons with large families, or those who are in any way very destitute, will be attended at their own houses, either at their own request, or at the requisition of the mayor, or one of the administrators of the bureau in their district, or at the instance of the Director of Public Aid."

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Medical Spirit-Rapping in Paris.—Certain renegade medical practitioners of the French capital are speculating upon the delusion of table turning and spirit-rapping. The practice consists in calling upon the spirits of departed physicians and surgeons of renown to prescribe for the ailments of the sick, who come to trouble the Elysian repose of these great men. Dupuytren, Corvisart, Laennec, and others are daily called upon to give the anxious applicants the benefit of their experience. A simple wish is sufficient, and the spirit answers. A gentleman was stating the other day that he had been conversing for half an hour with the shade of Orfila.—*Lancet*, Jan. 21.

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Naval Medical Stores.—About fifty tons of medical stores were sent out from Southampton, on Friday, by the Peninsular and Oriental Company's steamer Rajah, to the British fleet in the Black Sea. These stores were contained in nearly 250 packages, and their contents comprised everything that would be necessary after a great naval battle, such as crutches, knee-caps, bandages, apparatus and instruments for surgical operations, every requisite for gunshot wounds, &c. The whole of these stores were sent from Haslar. They will reach Constantinople in about a fortnight.

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Paris Academy of Sciences.—M. Elie de Beaumont has been elected Secretary, in place of the late M. Arago.

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New Vaccination Act.—The compulsory vaccination act, which has lately gone into effect in Great Britain, has given rise to much dissatisfaction, as might have been anticipated. It is most unjust and oppressive to the profession, exacting from them a large amount of gratuitous labour.

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Sanitary Condition of Newcastle.—Dr. Melier, who was lately sent to England to inspect the cholera in Newcastle, has declared that, although he has been called upon to visit and inspect some of the worst conditioned French towns, he has never seen any so bad as the condition of those parts of Newcastle most severely visited by the late epidemic. It is a curious fact, and one strongly illustrative of the influences of a bad sanitary condition in favouring the occurrence of epidemics, that the first case of cholera, in Newcastle, in 1831, in 1849, and in 1853, all occurred in the same house, and in the same room.

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Indictment of the Proprietor of an Anatomical Museum.—At the Sheffield sessions, an indictment was preferred against the proprietor of an anatomical museum, for a misdemeanour in committing a public nuisance by indecently exposing to public view "certain filthy, obscene, and indecent figures, calculated to offend public decency and demoralize society." The grand-jury returned a true bill.

THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

Statistical Report of the Principal Operations performed in the English Provincial Hospitals during the last Quarter of 1853.—[The subjoined Report includes, we believe, all the principal operations performed during the months of October, November, and December, at the following: The Bristol General, the Cheltenham, the Derbyshire General, the Durham County, the Devon and Exeter, the Hull, the Kent and Canterbury, the Leeds, the Nottingham General, the Sheffield, the South Staffordshire, and the York County Hospitals. We propose to continue the Report quarterly, and shall probably have double the number of hospitals on our next list. With regard to two of the above, the following statements include some operations performed during months a little prior to the period mentioned. This does not, however, in the least detract from the value of the statistics, *all* done during the periods comprised being in each case included:—]

Lithotomy.—Number of cases, 5; all recovered.

Case 1. A boy, aged 5, under the care of Mr. Gregory in the Sheffield Infirmary. He was in good health at the time of the operation, and recovered well afterwards. The calculus was a mulberry one, and weighed 10 grains. *Case* 2. In the Hull Infirmary, under the care of Mr. Craven. The boy was 8 years old, and in good health. Mr. Skey's staff (projecting curve, long extremity, and semilateral groove) was used, and, as Mr. Craven thought, with advantage. Owing to the peculiar dumb-bell form of the stone, some difficulty was encountered in its extraction, and the incision of the prostate had to be enlarged. The patient recovered well. *Case* 3. In the Winchester Hospital, under the care of Mr. Mayo, a healthy boy, aged 5, recovered. *Case* 4. In the Winchester Hospital, under

Published monthly by BLANCHARD & LEA, Philadelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage to the subscriber.*

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the care of Mr. Butler, a healthy boy, aged 7, recovered. *Case* 5. A feeble old man, aged 64, in the Winchester Hospital, under the care of Mr. Wickham. The patient recovered, but the wound was about three months in healing, and some incontinence of urine remained afterwards.

Lithotrity.—One case, after four sittings, has been discharged well. The patient, a man aged 60, was under the care of Mr. Teale, in the Leeds Infirmary.

Herniotomy.—Number of cases, 6; recovered, 1; under treatment, 1; died, 4.

Case 1. A male infant, aged 11 months; hernia congenital, of 10 months' duration, and strangulated 2 days; sac opened. The infant did well for a fortnight, when peritonitis with pleurisy occurred, and death took place on the twentieth day. At *post mortem* the wound was found all but healed; suppuration around the canal of the tunica vaginalis, with acute inflammation of the whole peritoneum, and of both pleuræ. *Case* 2. A boy, aged 6, under the care of Dr. Lunn, in the Hull Infirmary, admitted, after five days' strangulation of the bowel, in an almost moribund condition. Sac opened. He slowly rallied from the collapse in which he was, and ultimately recovered. *Case* 3. A man, aged 38, not subject to hernia before; hernia right, inguinal, strangulated 24 hours; sac opened; death 58 hours after the operation; autopsy, acute and universal peritonitis. *Case* 4. Inguinal hernia; sac opened; death (particulars could not be obtained). *Case* 5. A femoral hernia in a woman in the Kent and Canterbury Hospital, operated on Dec. 30, and remaining under treatment at the time of the report. *Case* 6. A man, aged 55, subject to a right inguinal hernia for 35 years; strangulation 48 hours; sac opened; stricture, a band of omentum; death on third day; autopsy—acute peritonitis, with extensive deposit of lymph, part of the ileum gangrenous.

Amputations.—Number of cases, 30; recovered, 18; under treatment, 8; died, 4.

Thigh, 11; recovered, 5; under treatment, 4; died, 2. Of these, 6 were primary, with 2 deaths, 2 recoveries; 1 in an unfavourable condition, and 1 under treatment doing well; 4 were for old standing disease of the knee-joint, all recovered; and 1 for necrosis of the whole shaft of the tibia, and disease of the ankle-joint, under treatment.

Leg, 12; recovered, 7; died, 2; under treatment, 3. Of these, 2 were primary, with 1 recovery, and 1 still under treatment; 2 secondary, 1 dead, and 1 under treatment; 7 for diseased ankle; 6 recovered, and 1 dead; 1 for conical and painful stump, recovered.

Foot, 1; at the tarso-metatarsal joints, primary, recovered.

Arm, 3, all primary; 2 recovered, 1 still under treatment, but doing well.

Forearm, 3; 2 primary, 1 recovered, 1 under treatment; 1 secondary, under treatment. The last was a case of some interest. The patient, a healthy young man, had received an injury to his hand, in which the palmar arch had been wounded. The surgeon whom he consulted applied pressure and very tight bandages, which induced gangrene of the whole hand, for which latter he was sent to the hospital, where the amputation was performed.

One of the cases in the above list is a double amputation. A railway guard, aged 25, of robust constitution, was admitted, with both legs smashed, into the Nottingham Hospital, under the care of Mr. Eddison. Immediate amputation was performed; on the right above, and on the left below, the knee. In each stump there was much ecchymosis into the posterior flaps, and parts of that of the left afterwards sloughed. At the time our report was received (a fortnight after the operation), the poor fellow, in spite of the very free administration of stimulants, appeared to be sinking.

Deaths.—The following are brief details of the four fatal cases: *Case* 1. A man, aged 53, had his foot contused between the buffers of a railway carriage. There was no fracture or dislocation, but sloughing of the soft parts followed to such an extent that amputation through the leg had to be done on the 14th day. The man sank, apparently from exhaustion, a week afterwards. No lesion of importance was found at the *post mortem*. *Case* 2. A weakly man, aged 47, met with a severe compound fracture of his leg. Primary amputation was performed; imperfect reaction followed, and death from purulent absorption on the 13th day. *Case* 3. A man, aged 63, had his thigh amputated for severe compound fracture of the leg. Extreme collapse was consequent on the operation, and death from exhaustion occurred on the 4th day. *Case* 4. Amputation of the leg for diseased ankle was performed on a feeble and emaciated man, aged 26. Secondary hemorrhage occurred on the 10th day, and death from exhaustion on the 14th.

Ligature, etc. of Arteries.—Case 1. In the Leeds Infirmary, in a case of popliteal aneurism in which compression treatment had been tried for a month without success, Mr. Samuel Hey applied a ligature to the femoral trunk. The patient, who was a man, aged 58, recovered. *Case* 2. A man was admitted into the Cheltenham Hospital, in consequence of bleeding from the temporal artery. He had sustained a wound of it ten days previously, which had been treated by compression, and over the seat of which a small aneurismal tumour had formed. During one night, bleeding suddenly occurred, and several pints were lost. Mr. Hartley, the House Surgeon, at once cut down on the vessel, and tied both ends, after which the man did well. *Case* 3. In the South Staffordshire Hospital, ligature of both ends of the ulnar artery, on account of wound; successful.

Excision of Bones, etc.—In the Winchester Hospital, by Mr. Butler, removal of the right half of the lower jaw on account of a malignant growth. Mr. Jardine, the House-Surgeon, reports, that the tumour presented the microscopic characters of epithelial cancer, and that it had apparently grown from the periosteum. It had been known to exist for two months. In the course of a month after the operation, and before the wound had healed, it reappeared, and death resulted three months later. No *post mortem* was obtained. In a case of diseased and dilated antrum under treatment in the Leeds Infirmary, Mr. Teale removed the front wall of the cavity with bone forceps. The result was favourable.

Tracheotomy.—Case 1. A child, aged two and a half, was admitted into the Derby Infirmary pulseless, with a livid aspect, and seemingly asphyxiated. Examination of the pharynx with the finger detected nothing, and a tube passed down the œsophagus proved that no source of pressure was lodged there. Mr. Dix, the House-Surgeon, accordingly at once opened the trachea. A piece of quill having been passed into the wound, respiration was quickly restored, and the patient rallied. During a slight cough which followed, a wedge-shaped piece of hard boiled beef was brought up. The tube was then withdrawn, and the wound closed with plaster. The child eventually recovered, though at one period in great danger from tracheitis. The wound did not heal for upwards of three weeks. *Case* 2. In the Nottingham General Hospital, Mr. Eddison performed the same operation under somewhat similar circumstances to the above, on account of the impaction of a piece of apple in a child's larynx. The four upper rings of the trachea were opened, and very shortly afterwards the foreign body was coughed up. The patient did remarkably well, and the wound soon healed. It was believed that there was a second portion of apple lodged in the right bronchus, which, as it was never brought up in mass, was probably softened and got mixed with the expectoration. *Case* 3. A man, aged 47, a patient in the Leeds Infirmary, had his respiration much obstructed by the emphysema about the throat consequent upon a fracture of the thyroid cartilage. Mr. Teale opened the trachea, and a perfect recovery resulted.

Operations for Urethral Stricture—In a case in the Nottingham Hospital, in which an extensive and cartilaginous stricture existed with several fistulous communications with the urethra, Mr. Eddison performed the operation of the perineal section. The patient has since done well, but is yet under treatment. In a second case, Mr. Eddison opened the posterior part of the spongy portion of the urethra after extravasation of urine. The penis was sloughing, and the scrotum infiltrated with urine, at the time of the man's admission, and he was extremely depressed. Although free incisions were practised, and stimulants liberally administered afterwards, yet he sank and died within a few days.

Puncture of the Bladder—In three cases, all of which proved fatal. In two, it was performed per rectum, on account of impassable stricture. In the third, a man was admitted moribund from long retention of urine; the catheter failing, the bladder was punctured above the pubes, and about a gallon of urine, mixed with pus, removed. The man lived four hours afterwards.

Paracentesis Thoracis—In one case, for the remains of an empyema, which had been evacuated some months previously. The first opening had been in front, to the left of the sternum; the second was between the sixth and seventh ribs posteriorly. A fluctuating tumour had presented, and it was simply opened with a lancet. The patient recovered.

Paracentesis Abdominis—In four cases of ovarian dropsy, and two of ascites. In one of the former, some fluid existed in the peritoneal cavity, as well as in an enormous ovarian cyst; and having been first withdrawn, the walls of the latter were found to be so thick that it was deemed best not to complete the operation. The patient died five days afterwards. In another case, the patient died after the rapid refilling of the cyst; the remaining four have been relieved by the operation.

Excision of Malignant Tumours. Scirrhus of the Breast.—Five cases, all of which have recovered. In one, in the Canterbury Hospital, the patient, a married woman, aged 42, stated that she had first perceived the tumour while suckling, and within six weeks after delivery. In this instance, a gland in the axilla was also removed. The patient's health much improved after the operation, and the wounds healed well. *Epithelial Cancer of the Lip*—Four cases, all recovered. In one, the entire lip was removed, and a plastic operation for its restoration is contemplated. Another was of interest, from the fact that the same disease had been removed eight years previously. About a year before the disease reappeared, the man had resumed the habit of smoking. *Chimney-Sweep's Cancer (Epithelial)*—Two cases—both recovered. In one, under the care of Mr. Smith, in the Leeds Infirmary, the disease affected the cheek of a chimney-sweep, aged 23, living in a country town. He had the appearance of having been very neglectful as to cleanliness. In the second, the growth affected the scrotum of a sweep resident at Winchester. *Cancer of the Skin.*—A case operated on at the Exeter Hospital, Mr. Clapp, the House-Surgeon, thus describes: A woman, aged 62, tumour the size of a small orange, somewhat pedunculated, very hard, painful, bleeding, and oozing a thin sanious discharge, of six years' growth; said to have commenced as a wart, having at its base three smaller wart-like ones, attended by cachexia, but with no visceral or glandular disease. The operation proved it to be connected with the skin only; and on microscopic examination, Mr. Clapp believed it to be an example of epithelial cancer. The wound soon healed, and left a healthy cicatrix. In a case under the care of Mr. Teale in the Leeds Infirmary, an ulcerated epithelial cancer was successfully excised from the scalp of a patient, aged 33. *Melanosis of the Eye.*—In the Sheffield Infirmary, Mr. Gregory extirpated the eyeball of a man, aged 43, in whom the disease, which the microscope afterwards proved to be melanotic, had existed for six or seven years. The optic nerve where cut appeared healthy. The man recovered well, and appeared subsequently in excellent health. *Epithelial Cancer of the Labium.*—One case, recovered. *Epithelial Cancer of the Penis.*—Two cases, recovered.

Excision of Non-malignant Tumours.—*Fatty*, nine cases, all recovered. *Encysted*, five cases, all recovered. *Epulis*, two. *Enlarged Clitoris*, one. *Diseased Bursa*, two. *Parotid Tumour*, one. *Tumour in the Eyelid*, one; all recovered. *Enlarged Testis*, one, recovered. This was a singular case. The patient, a young man, of 20, was under the care of Mr. Gisborne in the Derbyshire General Hospital. He stated that his testis had been much enlarged ever since the age of 7; and that some weeks before admission, after an attack of gonorrhœa, it had inflamed and suppurated. It weighed, after removal, a pound and a half; and on making a section of it, there were found in its centre several distinct masses of osseous deposit inclosed in separate sacs, the largest of which closely resembled a molar tooth, but had the structure of true bone. *Exostosis.*—The following occurred in the Kent and Canterbury Hospital; R. L., a robust girl, aged 12, had an exostosis the size of a walnut, growing from almost the whole length of the inner side of the first phalanx of her right middle finger, and another of similar character occupying the whole of the outer side of the second phalanx of the ring finger of the same hand. They had existed as long as she could remember, but had grown more rapidly during the last eighteen months. It was intended to have excised them, but, during the operation, the bones from which they grew were found so much involved that amputation had to be performed, in the one case, at the metacarpo-phalangeal joint; in the other, at that of the first phalanx. *Cutaneous Tumours (of doubtful nature)*.—The following occurred, also, in the Canterbury Hospital: A healthy looking girl, aged 20, had, on her abdomen, two small, fleshy tumours, very painful, but not at all tender, one of which, on the left of the umbilicus, resembled a large, rounded nipple, with a dark brown areola; the other, in the left iliac region, was flatter and more irregular in shape; the latter had existed from childhood, the former for about three months. After excision, the nipple-like growth had the appearance of firm fat, while the other, which was lobulated, had a bluish colour, and was hard and almost cartilaginous in structure. The wound in the iliac region did not heal kindly, but some sprouting granulations of suspicious appearance formed in it, which required to be destroyed by caustics; the other soon cicatrized. *Sero-cystic Sarcoma of Breast* from a woman, aged 41, in the Leeds Infirmary, by Mr. Smith. It had been ten months growing, and weighed two pounds and a quarter. Recovered.

Loose Cartilages in Joint.—In the Derby Hospital, Mr. Johnson removed three loose cartilages from the knee of a man aged 56. Two of them about the size of musket balls were excised by a free incision from a sac over the outer side of the joint, and probably not having direct connection with it. The third, in size and shape much resembling a patella, was taken from under the ligamentum patellæ or its inner aspect. The wounds discharged healthy pus for a few days, and then closed. The swelling of the knee gradually diminished, and the patient did well.

Necrosis of Bone.—Four cases have been operated on, all of them with great relief.

Radical Cure of Hydrocele.—In five cases, injection with diluted tincture of iodine has been practised. In three cure ensued, but in the fourth the cure is not yet complete, and in the fifth the patient was lost sight of before the result was certain; he had, however, done well.

Plastic Operations — Harelip — Four cases; all cured. *Cicatrix of Burn.*—Two cases relieved.

Tenotomy of the tendo-Achillis for talipes equinus in five cases, all with success. In a case in the Derby Hospital, under the care of Mr. Gisborne, the tendo-Achillis, the peronei, and the extensors of the toes, were all divided on account of severe equinus. The patient (aged 15) left the hospital two months afterwards with a much improved foot.

Uterine Polypus.—One case; the tumour, a common fibrous polypus, was removed by ligature, and the patient did well.

Cataract.—By absorption in four cases, all of them double; doing well, but yet under treatment. *By depression* in six cases, and in five with successful results.

Entropium.—One case; successful.

Strabismus.—Three cases; all successful.—*Med. Times and Gaz.* Feb. 4, 1854.

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Lectures on Functional Disorders of the Stomach. I. *Sympathetic Disorder of the Stomach from Irritation elsewhere.* By George Budd, M. D., Professor of Medicine in King's College, London.—Functional disorder of the stomach may result not from organic disease of the stomach merely, but from organic disease of other organs; and that, not by the constitutional disturbance which this disease sets up, or by any change it may cause in the state of the blood, but by an influence transmitted through the nerves. An illustration and a type of disorder of the stomach so produced, is seen in an experiment long ago performed by Spallanzani.

Spallanzani excited vomiting in himself by tickling the fauces, in the morning before breakfast, when the stomach was empty of food, and when, as we may infer from the recent observations of Dr. Beaumont, it contained no gastric juice. By the act of vomiting, more than an ounce of fluid was thrown up, and by then exciting vomiting again in the same way, he obtained a still larger quantity. He then tested the digestive properties of this fluid, and found that it dissolved meat and prevented its putrefaction. The fluid consisted, therefore, at least in part, of gastric juice.

Here, then, mechanical irritation of the fauces not only excited reflex action of the muscles to produce vomiting. but also excited, in the same way, by reflected nervous influence, a secretion of gastric juice.

Irritation of the lung, or of the brain, or of the liver, or of the uterus, from certain kinds of organic disease, frequently leads, as is well known, to *sympathetic* vomiting, that is, to vomiting caused by nervous influence reflected from the seat of disease upon the muscles which perform this act. The matter vomited in such cases is frequently acid, even when digestion is not going on; and the stomach exhibits the action of the gastric juice after death more frequently in persons who die of diseases that cause this sympathetic gastric disorder than in others.* Whence we may safely infer, that the reflex nervous influence excites, not merely the act of vomiting, but also, in many cases, as in the experiment of Spallanzani, a secretion of gastric acid.

A familiar instance of this gastric disorder is seen in phthisis. In most cases of phthisis, indeed, vomiting occurs sooner or later, and the functions of the stomach are otherwise disordered; and not unfrequently, in certain stages of the disease, there is more suffering from the stomach disorder than from symptoms immediately referable to the lung.

In phthisis, vomiting may be brought on in several ways.

Sometimes, especially at an early stage of the disease, when the cough is dry and hard, vomiting results from the mere violence of the cough; occurring, as in hooping-cough, only at the end of hard fits of coughing, and without much loss of appetite, or of digestive power, and with little or no pain in the stomach.

When brought on in this way, it is most effectually controlled by sedatives, which lessen the frequency and the violence of the cough, on which the vomiting depends. Three minims of dilute hydrocyanic acid, with from a twelfth to a twentieth of a grain of muriate of morphia, three times a day, generally succeeds in mitigating, if not entirely removing, this variety of gastric disorder.

More commonly, vomiting occurs later in the disease, usually attended by loss of appetite, and by pain and a sense of heat at the stomach, and the matter vomited is usually sour. These symptoms, unless proper means be taken to prevent them, continue many weeks or months; in fact, often till death; and after death, in such cases, the mucous membrane of the stomach in the big end is very commonly found thin and soft. Now and then all the coats are completely dissolved.

These facts have been accurately noted by M. Louis, in his elaborate work on Phthisis, in which the changes of structure found in the stomach after death are supposed to have occurred during life, and to account for the gastric disorder.

One circumstance incompatible with this supposition is noticed by M. Louis; it is, that the changes of structure found after death do not correspond in degree with the severity or duration of the gastric symptoms. The change of structure is sometimes great where the gastric disorder has been slight; and where the symptoms have been severe and prolonged, the stomach is sometime found perfectly sound.

I have elsewhere endeavoured to show that the gastric symptoms in such cases originate, not in structural disease of the stomach, but in undue and untimely secretion of gastric juice and other functional disorder excited by reflex nervous influence. The functional disorder may, after a time, lead to an inflammatory or a catarrhal state of the mucous membrane, which will be an additional cause of disordered digestion; but the *softening* of the stomach that so commonly occurs takes place after death, from the action of the gastric juice, and cannot be expected, therefore, to have a constant relation to the symptoms in degree, since the extent of softening depends merely on the quantity of gastric juice which the stomach happens to contain at the time of death, on the temperature at which the dead body is kept, and on the time after death at which it is examined.

The best remedies for this gastric disorder are alkalies, to neutralize the excess of acid in the stomach; and astringents, which tend to restrain undue secretion by the mucous membrane.

Fifteen grains of bicarbonate of potass, or fifteen minims of liquor potassæ, or an ounce and a half of chalk mixture three times a day; or better still, the vegetable astringents —logwood, krameria, catechu, kino, will generally stop the vomiting for a time, and alleviate the other symptoms of this gastric disorder.

Astringents should be given a short time before meals; alkalies two or three hours after meals.

In the advanced stages of phthisis there is often, especially in women, another cause of gastric disorder. The liver grows fatty and large, and overlaps and compresses the pyloric end of the stomach, leading to that enlargement of the stomach so commonly found in persons dead of phthisis, and, in a slight degree, to the various evils of obstructed pylorus. For these evils, as we cannot remove the cause on which they depend, we have no effectual remedy.

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* See Croonian Lectures, delivered at the College of Physicians, in February, 1847, and afterwards published in the *Medical Gazette* of that year.

Disorder of the stomach of the same kind sometimes originates in the liver, especially from the irritation caused by an abscess, or from the passage of gall stones.

I shall only speak here of the effects of the passage of gall-stones, which, in this country, is by far the more common condition.

The illness in such cases generally comes on suddenly, two or three hours after eating, with severe pain, like that of colic, in the region of the gall-bladder. The pain abates, and recurs again in paroxysms, attended by a sense of constriction at the chest, and by distressing nausea and frequent vomiting. The matters vomited are often very sour, even when the stomach has been previously completely emptied of food; and when the common duct is not closed. are bitter, from the presence of bile which has passed upwards into the stomach.

Now and then, after the stomach has been completely emptied of food, and when nothing more is eaten, enormous quantities of acid are brought up by the repeated efforts of vomiting. This acid, which is obviously secreted by the coats of the stomach, was found by Prout to be the *muriatic*.

After the symptoms have continued some time they generally cease *suddenly*, as the stone passes out of the gall-duct into the bowel. The sequence of events, in such cases, is as clear as if it resulted from direct experiment. The gall-stone passes into the common duct, and immediately causes severe pain, with vomiting, and the outpouring of an acid fluid from the stomach. The stone escapes from the duct into the duodenum, and the pain, the vomiting, and the undue secretion of acid in the stomach cease at once.

There is no mistaking the relation of the facts. The mechanical irritation of the stone, in its passage through the gall duct, causes vomiting by nervous influence reflected on the muscles that perform that act, and causes untimely secretion of acid in the stomach by nervous influence reflected on the secreting structure in its mucous coat.

The muriatic acid must be derived from the decomposition of common salt in the secreting apparatus of the stomach; so that mere mechanical irritation of the lining membrane of the gall-duct, by means of an influence transmitted by the nerve, sets in action, in a distant part, a muscular power and a chemical power—a muscular power which empties the stomach by almost convulsive efforts of vomiting, and a chemical power which causes, in the coats of the stomach, the rapid decomposition of common salt.

The facts, as mere objects of scientific interest, are very remarkable, and important inferences regarding the actions of the body in health as well as in disease, are deducible from them. It has, for example, long been a disputed question—What is the proper acid of the gastric juice? And the question has proved difficult of solution, because the stomach generally contains no acid when it is empty of food; and if vomiting be excited, and the contents of the stomach be analyzed while digestion is going on, any acids that may be formed from the food in the process of digestion are mixed with the acid secreted by the coats of the stomach itself. During the passage of a gall-stone, on the contrary, acid is abundantly secreted by the coats of the stomach, and is thrown up, unmixed with acid from other sources; so that, if the acid vomited in such cases be the muriatic, we are led to the conclusion which was formed by Dr. Prout, and which recent researches have confirmed, that muriatic acid is the proper acid of the gastric juice. The irritation caused by the passage of a gall-stone is probably reflected on the muscles that cause vomiting, and on the secreting apparatus of the stomach, in different relative degrees in different cases. In some cases the muscles may be chiefly excited, and there may be severe and frequent vomiting, without much increased secretion; in others, there may be greatly increased secretion, while the vomiting is slight.

The same difference is observed in different cases, in the gastric disorder in phthisis.

The passage of a gall-stone, which produces this secondary disorder in the stomach, causes severe pain in the injured gall-duct; and, as a general rule, the gastric disorder is doubtless greater the more severe the pain. We must bear in mind, however, that the irritation of internal parts may cause severe sympathetic disorder, without causing any pain. A worm in the bowel, which causes no pain there, may be the exciting cause of spasmodic disorder. An old abscess in the liver, not painful in itself, may occasion frequent vomiting. An injury in the hand or foot, attended with little pain, may give rise to the fatal spasms of tetanus.

It is not, therefore, a valid objection to the explanation given above of the gastric disorder in phthisis, that in some of the cases in which this disorder is great there is little or no pain in the chest. The irritation is transmitted to the central organs of the nervous system, and there reflected so as to cause the sympathetic disorder of motion or of secretion, though it be not of such kind as to cause pain.

During the passage of gall-stones, considerable and speedy relief to the gastric disorder may often be given by alkaline medicines. Dr. Prout especially recommended frequent draughts of hot water, containing carbonate of soda in solution—from one to two drachms of the soda to a pint of water. "The alkali," he says, "counteracts the distressing symptoms produced by the acidity of the stomach, while the hot water acts as a fomentation to the seat of pain. The first portions of water are commonly rejected almost immediately; but others may be repeatedly taken; and, after some time, it will be usually found that the pain will become less, and the water be retained."

Bismuth and chalk combined, which, when there is free acid in the stomach, acts both as an alkali and an astringent, is often of still greater efficacy in the vomiting sympathetic of hepatic disease. From five to ten grains of prepared chalk, and as much of the trisnitrate of bismuth, may be suspended in water by the mucilage of tragacanth, and given, together with minute doses of morphia, as often as the symptoms require.

The passage of a renal calculus along the ureter affects the stomach in the same way, and often just as much, as the passage of a gall-stone along the common duct.

The same kind of gastric disorder may result from disease of the brain; especially from inflammation of the brain or its membranes. It has been long known, that vomiting is a frequent and often a prominent symptom of such disease; and the circumstance to which I have before referred, that in persons who have died of it, the mucous membrane of the stomach, in its big end, is frequently found more or less dissolved or digested by the gastric juice, shows that the irritation of the brain does not excite merely the mechanical act of vomiting, but that it excites also, at least in many cases, untimely secretion of gastric acid.

It is in inflammatory diseases of the brain, more than in other diseases, that this gastric disorder is seen; and it occurs especially *in the early stage of those diseases*, when the symptoms betoken irritation of the brain, rather than compression. Andral, who has investigated this subject with much care, says:—

"Vomiting, or at least nausea, very frequently attends acute inflammation of the membranes of the brain. These symptoms show themselves almost exclusively in an early stage of the disease, and they often mark its onset. In some cases, they are not often repeated, and excite little attention, and cease to recur at the end of twenty-four hours. In other cases, on the contrary, they continue many days, and sometimes even during the entire course of the disease."

This circumstance explains how it happens, that when death results from inflammatory disease of the brain, the stomach is, in some cases, found perfectly sound; while in other cases, which are comparatively few in number, it exhibits in high degree those changes which are produced after death by the solvent action of the gastric juice.

These changes cannot take place unless there be a good deal of free acid in the stomach at the time of death; which is seldom the case, unless the gastric disorder have continued to the time of death, and which may not be the case even then.

The gastric disorder varies very much in different cases, not merely in duration, but in severity while it continues; and probably in the relative degree in which the muscles and the secreting function are affected. Andral says: "Some patients vomit only two or three times a day; others at much shorter intervals, every hour, for instance, or every quarter of an hour. Many patients throw up in this way, in a short time, an enormous quantity of yellow, or greenish bile; others, in the midst of painful efforts, only expel a little mucus. There are some who cannot take a spoonful of drink without bringing on vomiting."

This gastric disorder, like other sympathetic nervous disorders, occurs more frequently, and in higher degree, in women than in men, and in children than in grown-up persons.

The vomiting or nausea is sometimes attended by pain at the epigastrium, and some degree of tenderness, especially, I believe, where the secreting function is especially disordered; but these symptoms are less frequently noticed than in phthisis; in consequence, probably, of the shorter duration of the gastric disorder in most cases, and of the severe pain of the head which usually attends inflammatory diseases of the brain, and which prevents the patient from feeling, or regarding, a slighter pain in the stomach.

Where the gastric disorder is attended with secretion of much acid, soda and magnesia, chalk, and bismuth, are the remedies which most allay it.

Gastric disorder of the kind we are considering, results more frequently still from organic disease of the uterus.

The effect of irritation of the uterus in causing vomiting was shown with the distinctness of direct experiment in the following case related by Gooch:—

"Dr. Denman passed a ligature round a polypus of the fundus of the uterus; as soon as he tightened it, he produced pain and vomiting. As soon as the ligature was slackened these symptoms ceased, but whenever he attempted to tighten it the pain and vomiting returned. The ligature was left on, but loose. The patient died about six weeks afterwards, and, on opening the body, it was found that the uterus was inverted, and that the ligature had included the inverted portion."

Frequent and distressing vomiting now and then occurs, as is well known, in women afflicted with cancer of the uterus; an effect, no doubt, of reflex nervous influence. And the circumstances that, in such cases, the vomiting is often attended by pain at the stomach and thirst, and that the coats of the stomach are occasionally found much softened or digested after death, show, as in the instances I have before cited, that in many cases, at least, this reflected nervous influence disorders the secreting function of the stomach, as well as the muscles.

Disorder of the stomach of the same kind now and then occurs when miscarriage is about to take place, and also in conjunction with chronic ulcer of the neck of the womb. In the latter class of cases, the sufferings referable to the stomach may be so severe and long-continued, and the pain in the womb so slight, that both the patient and her medical attendants may have their attention more fixed on the secondary functional disorder than on the primary disease.

In these diseases of the uterus, indeed, as in tuberculous disease of the lung, the degree of disorder of the stomach has no constant relation to the degree of *pain* in the primary seat of disease.

The same kind of gastric disorder now and then results from what might seem to be very trifling causes of disturbance. In nervous women, particularly in those whose sensibility has been exalted by losses of blood, or by a state of anæmia brought on in any other way, and in whom digestion is habitually feeble, the direct irritation of the coats of the stomach by an unwholesome or undigested morsel of food may excite the disorder, which, if any other disturbing influence exist, may subsequently be kept up for weeks, or even months together, unless great care be taken not to irritate the coats of the stomach by physic or food.

When the disorder originates in this way, it usually comes on in the evening, or at night, and especially after fatigue. The illness commences with vomiting or nausea, which is followed by pain or uneasiness at the pit of the stomach, and, if the disorder continue long, by loss or great impairment of appetite, and by thirst. The stomach sometimes becomes extremely irritable, so that vomiting recurs frequently, and is at once brought on by swallowing any food, or even the simplest drinks. There is then severe pain at the pit of the stomach, and the matters vomited are usually bitter. When the stomach is less irritable, food is retained for a time, and the matters rejected from the stomach are intensely sour. The acid thrown up in such cases is probably not all secreted by the coats of the stomach. The continued disturbance of the secreting function of the stomach seems to lead to an inflammatory, or a catarrhal, state of the mucous membrane. The digestive power is greatly weakened, and under the influence of unhealthy or decomposing mucus, the starchy principles of the food undergo fermentation in the stomach, by which large quantities of lactic acid are formed. The undue acidity of the stomach, or the great disturbance of its secreting function, lessens the secretion of the liver, and after the disorder has continued some days, the countenance sometimes becomes slightly sallow. The symptoms are then not unlike those produced by the passage of gall-stones, and are almost as severe. The sallowness, however, when it occurs, never attains a high degree, and is generally transient, while the gastric symptoms are often of much longer continuance than those usually are which result from the passage of gall-stones. In some cases they continue with slight intermissions for months together, and lead to the suspicion of serious organic disease.

This happened in the case of a lady fifty-seven years of age, who came under my care in the summer of 1845. She had then been subject for many years to attacks such as I have described, of most distressing vomiting, attended by severe pain at the epigastrium. The matters vomited were always sour, and, when the vomiting was frequently repeated, were bitter. In some attacks, after these symptoms had continued a day or two, the countenance became sallow.

It was supposed that the attacks might be owing to the passage of gall-stones; but, though diligent search was often made for them in the matters discharged from the bowels, none were ever found there.

The attacks generally came on in the evening, and were brought on, as she supposed, by fatigue, or by something unwholesome she had eaten. They occurred especially when she had been weakened by hemorrhage from internal piles, to which she was subject.

The piles were cauterized by nitric acid, and the hemorrhage ceased to recur. Upon this her general health improved, and the attacks became less frequent and severe.

I had heard nothing of her for three years, when, in the month of June, she called on me, looking stouter and healthier than four years before.

She told me that nine months before that time the stomach disorder came on again, and was so severe that she was confined to bed four months, vomiting almost everything she took. After trying various medicines in vain, she was speedily and perfectly cured by taking ten grains of bismuth and ten of magnesia every four hours, and a dose of soda, rhubarb, and calumba, at the hour of dinner.

The symptoms had recurred in a slight degree since, but were immediately stopped by the bismuth and magnesia mixture, which she believed to be a perfect remedy for these attacks.

I could cite to you many other instances where stomach disorder of this kind, seemingly induced in the way I have described, was so severe and long continued, as to lead to the belief of serious organic disease. The disorder is, as I have stated, most common in women, especially in those whose nervous susceptibility has been exalted by losses of blood, or otherwise; but it also occurs in men who have excitable nervous systems, and whose digestion is habitually feeble.

The means I have found most effectual in mitigating and subduing the disorder are—bismuth, which may be given in doses of ten grains a short time before meals; an occasional dose of magnesia or chalk, to neutralize any excess of acid which the stomach may contain; regulation of the bowels by pills of colocynth or aloes; total abstinence from alcoholic drinks, which generally aggravate the disorder; and a diet composed of liquid and pultaceous food of the least irritating kind.

When the stomach has become tranquil, it is requisite, with the view of preventing a recurrence of the disorder, to stop any exhausting drain that may exist, and, by a course of steel medicines, by a nourishing but easily digestible diet, and by other means available for this purpose, to remedy the state of anæmia or the irritability of the nervous system from which the disorder springs.

The gastric disorder we are considering occurs, as I have before remarked, more frequently in women than in men. It occurs still more frequently, from a given cause of disturbance, in young children, in whom the secreting function of the stomach is very active, and who are especially liable to reflex functional disorders of other kinds.

Young children with tuberculous disease of the lung or inflammation of the brain have this secondary gastric disorder more frequently than grown up persons suffering from the same diseases, and their stomachs are more frequently acted on, and in higher degree, by the gastric juice after death.

They are not liable, like grown-up persons, to disorder originating in the liver or the uterus; but they have, at a certain period, a constant source of disorder in the irritation of teething, which frequently causes gastric disturbance, as it does some of the convulsive disorders to which young children are so subject.

The stomach disorder, like disorder of the muscles, occurs most frequently during the first dentition, in children weakened by the eruptive fevers, or by purgative medicines, improper food, or impure air. It is especially apt to occur on weaning, when the health of the child often suffers, not only from sudden change of food, but from the improper food often substituted for the mother's milk. Occurring under these circumstances, it has been popularly known as the "weaning brash," and has been described in medical works as the "atrophia ablactatorum."

The early symptoms are frequent vomiting, with thirst, and fretfulness, and occasional writhing of the body and plaintive cries, expressive of pain. The matters vomited are sour and bilious, and are thrown up with more effort than attends the common "puking" of healthy children. These symptoms are sometimes attended with looseness of the bowels, the matters discharged from them being greenish, from the presence of bile rendered green by the free acid secreted by the stomach, or formed by fermentation from the food, which has not been neutralized in its rapid passage through the bowels.

If the disorder continues, the child wastes rapidly and grows feeble, and soon exhibits the well known signs of exhaustion—coldness of the surface, irregular pulse, sighing, and slight stupor—signs which have been described by Dr. Marshall Hall as marking what he has termed the "hydrocephaloid disease" of infants.

In this state the child may die, and on examination of the body after death there may be no discoverable change of structure in any organ, or there may be found, in greater or less degree, that peculiar softening of the coats of the stomach, and sometimes (in cases in which there has been diarrhœa), of portions of the bowels also, that is produced after death by the solvent action of the gastric juice.

The disorder is to be controlled in infants much in the same manner as in grown-up persons. The gums should, if needful, be lanced, to lessen the irritation from which the disorder springs. The child should be fed with good milk, or milk and baked flour, or better still, if it be not more than twelve months old, with the milk of a healthy nurse, at short intervals and in small quantities at a time, and should have given to it, in doses suited to its age, chalk or magnesia, or bismuth, or, if it can be got to take them, one of the less nauseous of the vegetable astringents, as krameria or logwood. If the disorder have already produced much exhaustion, a few drops of aromatic spirits of ammonia may be given occasionally with the milk, or with one of the medicines I have just mentioned.

We are now in a condition to take a general view of this peculiar gastric disorder.

It occurs, as we have seen, in grown-up persons and in children, in the male and in the female sex, but is most frequent, for the same cause of disturbance, in susceptible women and in children, especially in children ill-fed, or reduced by previous disorders—persons whose nervous systems are highly excitable, and who are very prone to sympathetic nervous disorders of other kinds.

It seldom exists unless there be some cause of disturbance elsewhere in the body, and occurs with especial frequency in conjunction with tuberculous disease of the lung, inflammation of the membranes of the brain, cancer and some other forms of disease of the uterus, the passage of gall-stones through the ducts, and, in children, while the gums are irritated and inflamed by teething. It occurs also in cases of simple ulcer of the stomach, and in cancer of the stomach; irritation at the diseased part of the stomach, causing, in these cases, undue and untimely secretion in the sound part.

When the exciting cause is of long continuance, or when a proper plan of treatment has not been followed, the gastric disorder in grown-up persons may continue in high degree, with occasional slight intermissions, for months together. In young children this cannot happen; the stomach disorder impedes nutrition, and brings on a state of exhaustion soon fatal of itself.

When the disorder has lasted some time, it is not always entirely functional. The continued functional disorder exhausts and weakens the stomach, and sometimes induces an inflammatory or catarrhal state of the mucous membrane. The digestive power is further weakened, and the stomach secretes an unhealthy mucus, which promotes fermentation in the starchy principles of the food, and thus leads to the formation of large quantities of lactic acid, or some other acid of the same group, which are an additional cause of disturbance in the stomach and bowels.

Whether death has been occasioned by the gastric disorder, or by the concomitant disease, the degree of change found in the stomach after death does not usually correspond with the severity or the duration of the gastric symptoms. The softening of the stomach, which is usually the most striking change observed in such cases, takes place, as we have seen, after death; and does not depend, therefore, on the severity or duration of the disorder, but mainly on the quantity of free gastric (muriatic or lactic) acid which the stomach happens to contain at the time of death. The disorder may have been severe, and have lasted long, but the stomach may contain no free muriatic or lactic acid at the time of death, and may be found perfectly uninjured; while, on the other hand, the gastric disorder may have been very slight; so slight, even, as to have escaped notice; and yet muriatic or lactic acid may have been poured out, or lactic acid may have formed in the stomach, in considerable quantity, just before death, and the stomach be found much dissolved.

This disorder has been very commonly attributed to inflammation; and the vomiting, the pain and tenderness at the epigastrium, the thirst, and, in fatal cases, the softening of the mucous membrane of the stomach, often seen when the body was opened, have seemed to many conclusive evidence in favour of this opinion. Inflammation causes, indeed, vomiting, pain and tenderness at the epigastrium, and thirst; but these symptoms may result from other conditions—vomiting, from irritation elsewhere; pain and soreness at the epigastrium, from the presence of free acid in the empty stomach; thirst, from this, and from the increased secretion which the disorder causes; and the peculiar softening of the stomach, that has been observed in such cases, is not caused by inflammation, and can be explained only from the action of a free digesting acid in the stomach after death. The disorder may, as I have already observed, lead, after a time, to an inflammatory or catarrhal condition of the mucous membrane of the stomach; but, at its origin, and often long after, the disorder of the stomach is entirely functional, and is more allied to the excited and disordered state of the intellect in delirium tremens, or to the involuntary and disordered, and often violent, movements of the voluntary muscles in chorea, than to inflammation.

The power inherent in the voluntary muscles accumulates by rest, to be discharged at the will of the animal for its own purposes. The chemical power of digestion inherent in the stomach accumulates in the same way, to be discharged, to serve an important purpose, when food is placed in the stomach. Every kind of power which an animal can generate—the mechanical power of the muscles, the chemical (digestive) power of the stomach, the intellectual power of the brain, the electrical power of the torpedo—accumulates through the nutrition of the organ on which it depends. The accumulated power is discharged by an influence transmitted through the nerves; and, in a state of health, it is discharged in a degree regulated by the will, or by the physical wants of the animal.

Power is expended only to the extent which the emergency requires. When, for example, food is placed in the stomach, whatever may be the capabilities of the stomach at the time, only so much gastric juice is secreted as is required for proper and speedy digestion. But in states of disease, the power is sometimes expended in undue measure and by nervous influence transmitted from unusual sources, without control of the will, and without reference to the physical wants.

The disorder we have been considering is, at its onset, an instance of this kind.

The most effectual remedies for the disorder are:—

1. Sedatives, and other means which lessen the irritation from which the gastric disorder springs.
2. Alkalies and astringents.

Alkalies sometimes give immediate relief by neutralizing the acid which the stomach contains; astringents alleviate the disorder rather more slowly, but for longer time, by restraining the undue and untimely secretion.

The insoluble alkalies—magnesia and chalk—are well suited to this disorder. They serve to neutralize any excess of acid that may be in the stomach, and, given under these circumstances, have an astringent action on the surface besides.

Bismuth, of which I have more than once spoken, has a remarkable effect in restraining undue secretion in the mucous membrane, and may often be given with advantage alone, or in conjunction with magnesia or chalk.

While the disorder continues, the diet should consist chiefly of milk and farinaceous food, and little should be eaten at a time. Alcoholic drinks, and all stimulating articles of food, seldom fail to aggravate the disorder, and should be strictly forbidden.

If symptoms indicating an inflammatory state of the stomach should occur—namely, a sense of heat in the stomach, and pain excited by food, tenderness at the epigastrium, and a white coat on the tongue—a blister, or mustard poultices may be applied to the epigastrium; and the stomach may be cooled, and be rendered less irritable, by swallowing occasionally, and especially after meals, a small lump of ice.

If constipation exist, it may be remedied by medicines, such as pills of colocynth or aloes, which do not much offend or oppress the stomach.—*Med. Times and Gaz.* Jan. 14, 1854.

CHOLERA.

Review of an "Analysis of the Official Reports on Cholera in Sweden, in the year 1850, by Dr. FR. TH. BERG." By EDWARD CARLTON, M. D.

(Concluded from page 49.)

We have now examined the details presented to us of the progress of cholera through the southwestern part of Sweden in 1850, and shall next briefly call the attention of our readers to the able *resumé* given by Dr. Berg of its ravages, as compared with those of the pestilence of 1834, in the same kingdom. The extreme points reached by the cholera in 1850, extended in Sweden from 55° to 60° north latitude, and from 29° to 34° longitude east from Ferro. Within this area, however, only a few localities were affected, and many of these lay at considerable distances from others. On the eastern side of Sweden, cholera appeared only in one spot—viz: at the port of Döderhultsvik, from which, however, it did not spread into the surrounding country. No conclusions can, we think, be drawn from the geological character of the infected district, though Malmö and the island of Gottland differ materially in this respect from the general gneiss formation of the rest of Sweden.

In 1834, the pestilence advanced on the eastern coast nearly 30 Swedish miles further to the north, while the western districts, and Götheborg, among the rest, suffered severely. From Götheborg, in 1834, the malady spread in a northeast direction as it did in 1850, following the course of traffic along the Götha River up to the Great Wener Lake. Besides the capital, Stockholm, eighteen other provinces were affected in 1834; but Malmö and Gottland then escaped. Götheborg was ravaged on both occasions; but in 1850, Stockholm remained free from cholera. In 1834, the disease lasted from the 26th of July to the end of December; in 1850, it continued its ravages for nearly five months, or from the beginning of August to the end of December. The greatest spread of the pestilence in 1850, took place during the cold and rough weather which prevailed from the 17th of September to the 17th of October, a period when the diarrhœas and dysenteries incident to the dogdays had almost entirely subsided. In 1834, the mortality from cholera in Sweden was 12,637; in 1850, it amounted to only 1.761 deaths. In 1834, more than 12,000 of the above-mentioned deaths occurred in the months of August and September; in 1850, there was a mortality of 422 in these two months, and of 1,309 in October, November, and December. Dr. Berg thinks that this great difference in the relative period of mortality in these two years may be accounted for by the fact, that Götheborg, the centre of trade and on the great highway to the rest of Sweden, was one of the first localities affected when cholera appeared in 1834; while in 1850, it lingered long in Malmö, an outlying spot with but little trade.

Of the 4,410 cases of cholera in 1850, 2,647 were in the towns, and 425 in divers villages and hamlets; while 1 338 occurred in the country. Among these last, we have included about 80 cases among the sailors in vessels on the Götha River, where the greatest comparative mortality was observed. In 1834, at least 25.000 cases of cholera were reported in Sweden. It is evident, therefore, that the pestilence of 1850 was much less fatal and less widely spread, the comparative mortality being only 39 per cent. to 50 per cent. in 1834. In 1850, there sickened of cholera 2,207 males, of whom 975 died; and of females 1,684, of whom there died 745. In 1834, the deaths among females were nearly 100 above those of the other sex. In 1850, the pestilence raged chiefly among the labouring classes, especially among those denominated free labourers (*fria arbetare*), who are not lodged and boarded at the various houses or establishments where they work. Very few of the higher, or even of the middle classes of society, were affected, while in 1834, many of the better ranks fell victims to it.

Dr. Berg next presents us with some observations on the assertion made by the English Board of Health in 1850, in reference to the cholera of 1848–49, viz:—

"That in every European town where cholera appeared, it gave warning of its approach by the increased prevalence of zymotic diseases, such as influenza, scarlet fever, dysentery, and diarrhœa; and that the last-named, as a premonitory symptom, invariably prevailed extensively before cholera broke out."

On this question, Dr Berg remarks that agues and smallpox were extremely prevalent in Sweden in 1847 and 1848, that the former of these maladies spread over the whole country at that time to an unprecedented degree, but that in 1849 its limits were much narrowed, and in 1850 only a few isolated cases occurred. The progress of smallpox was not in the slightest degree altered or arrested by the cholera; scarlet fever, of a mild character, prevailed in several districts, but did not increase before the appearance of the pestilence, while gastric nervous fever (typhus) rarely occurred, and never became epidemic. Indeed, the health of the whole country previous to August, 1850, was for four years remarkably good. Diarrhœa, dysentery,* and cholerine, appeared annually in summer and in autumn, and were perhaps, indeed, more abundant in 1850, than in the three previous years; but they were not in any way confined to those districts where cholera shortly afterwards broke out. Influenza did not show itself till 1851, when cholera had entirely ceased.

Dr. Berg, therefore, comes to the conclusion, that—

"It was not possible in 1850, to foretel in Sweden the near approach of cholera from the augmented prevalence or mortality of the so-called zymotic diseases, and that if it be true that cholera is always preceded by an increase of these maladies, and perhaps forms a species of culminating point, or is a product of such culmination of any zymotic disorder, it would be labour in vain to seek how the disease arose, or how it was propagated."

The prevalence of diarrhœa and of dysentery in Sweden during hot weather, has been proved by the carefully kept statistical reports of that kingdom, and which extend back for nearly a century, to be dependent upon atmospheric changes; and the frequency of the above-named disorders during the hot summers of 1834 and 1850, does not appear to be in any way connected with the appearance of cholera in those years. Summers quite as hot, atmospheric vicissitudes quite as great, have repeatedly occurred, and have almost always been followed or accompanied by a great increase of cases of diarrhœa and dysentery, and yet no cholera has been produced by these. Indeed, with the exception of the town of Malmö, where the first cases of cholera were observed during the prevalence of a predisposition to diarrhœa and cholerine, that predisposition, which had manifested itself so generally throughout in the hot summer months, had ceased and almost entirely disappeared for weeks, nay, in some instances for months, before cholera broke out. In many places, too, where the pestilence numbered many victims, no diarrhœa, dysentery, or cholerine had been observed during the preceding twelve months; and again these disorders prevailed with great severity in other districts which entirely escaped the ravages of the pestilence.

At Wenersborg, Kongelf, and elsewhere, diarrhœa became frequent about a week before cholera fairly broke out, but this disorder is by Dr. Berg regarded as the result of the pestilence itself. It is true that in most zymotic disorders the first cases in any locality are generally the most severe; but, on the other hand, where the invasion of a terrible pestilence is feared, the earliest cases are too often carefully concealed, especially if the quarantine regulations have been infringed by those who are thus affected. During the prevalence of cholera, diarrhœa was very frequent, and if not checked early, it often ran on into well-marked cholera. In Sweden, as elsewhere, the well-known premonitory diarrhœa was not wanting in individual cases, while in other instances, cholera, with all its terrible train of symptoms, was developed almost at once.

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* Dysentery is, in some provinces, as has been shown by Dr. Huss, almost endemic, and occasionally it becomes extremely severe and epidemic. Thus in the Dales province (Dalarne) dysentery was remarkably prevalent in 1838, but this province has always escaped the ravages of the cholera.

Dr. Berg approaches the all-important question of the mode in which cholera is propagated, with becoming caution. It is evident that our Swedish colleague cannot divest himself of a certain degree of awe on entering the lists against so imposing a body as that of the English Board of Health. Still, the facts elicited from these Reports appear to him (and we own to ourselves also) of so convincing a character, that he does not hesitate, after sundry apologies for his boldness, to place himself in opposition to the opinions expressed in the recent Report of the Board of Health in England, and which has been more than once considered in the pages of this journal. A brief *résumé* of Dr. Berg's opinions on this subject is all that we can here present to our readers; a full translation of this, the most valuable part of the Report, would lead us beyond the limits of the space assigned to us. Dr. Berg has divided this portion of the subject into several distinct heads:—

1. The appearance and spread of the pestilence on board ships coming from infected ports.

2. Its influence on the officers, &c. at the different quarantine stations on the coast.

3. The mode in which the malady spread along the chief lines of communication throughout the country.

4. The number of *first* cases in previously healthy localities, proved to have been in communication with infected districts or persons.

5. The influence of infected persons on their friends, relatives, and attendants.

To each of these we now invite the brief attention of our readers.

1. *The appearance and spread of the pestilence on board ships coming from infected ports.*

Many of these vessels had been several days at sea before cholera broke out on board, and the malady spread from one to another of the crew and carried off many victims. These ships were then sailing on the Baltic in different directions, and it might be urged that they by chance had encountered a current of air charged with cholera miasm; but it is strange that other vessels, which had not communicated with Lubeck, Stralsund, and other towns where cholera was then raging, did not encounter this supposed poisoned current, or at all events passed through it in safety.

2. Of the physicians, servants, and officers, attached to the different quarantine stations on the coasts, eight sickened of cholera, and two died.

3. *The mode in which the disorder spread along the great lines of traffic.*

When cholera broke out, about the 22d of September, 1850, in the large town of Götheborg, no signs of the pestilence had appeared in the surrounding villages on any side; but after a longer or a shorter period, the malady radiated from Götheborg as a centre, to almost all those parishes, villages, and hamlets which were in constant communication with the town. It was observed, however, that cholera adhered to what has been so often remarked upon, yet never explained by the anti-contagionists—a pre-eminently erratic course. At a single bound, and before any of the intervening parishes were affected, it passed to Lilla Edet, 25 miles up the Götha River, the great channel of communication with the interior of Sweden. Here it showed itself first on the 28th of September, in the person of a sailor who had that day arrived from Götheborg, and from this man the disease spread to other persons in the village. Almost all the parishes around Götheborg were, as before said, sooner or later infected, but in the most irregular manner; the pestilence would at one time break out in a parish lying some miles to the north, and then, a week after, a single commune to the southward of the town became, in its turn, infected. In the very next parish, perhaps, no case of cholera occurred till ten days or a fortnight later, and we consider this erratic property of the pestilence as one of the strongest proofs of its being transmitted by individual influence, and of its not partaking of the nature of an atmospheric or telluric miasm.

Of the 80 communes or parishes that were visited by cholera in 1850, not less than 50 reported that the first cases of cholera occurring within their boundaries were observed in individuals who had either themselves visited infected places, or who received visits from such localities. The parishes around Götheborg took for the most part few or no precautions, but kept up their daily intercourse with the town; and we accordingly find, by the appended map, that scarcely a single parish in that district escaped being sooner or later visited by the disease.

5. The influence of the affected persons on their attendants and relatives has been already several times alluded to, but upon this part of the subject we prefer to give a faithful transcript of Dr. Berg's own opinions:—

"The reports that have been laid before us appear not only to establish the fact that the visit of a healthy person to an infected locality may produce in such an individual an attack of cholera, either immediately or not till some days after he has returned to his yet healthy residence, but also, 1, that in spite of the salutary and purifying influence which the sea air and the sea breezes may exercise upon a ship which has left an infected port, cholera may break out on board of such a vessel at any time during at least fourteen days after she has been at sea.* We must either admit that in such a case the disease has been caught in the infected port, and has lain dormant for a time in the system of its victims, the premonitory diarrhœa, the first symptom often of the malady having been overlooked or concealed, or else that the ship itself has become the receptacle of a store of miasm while sojourning in port, and which pestilential vapour or miasm breaking forth, at length affects the crew with cholera."

It has, however, rarely happened that many of a ship's crew were seized at once; the disorder has crept from individual to individual in a fashion eminently favourable to the doctrine of contagion.

"2. That after individuals affected with cholera have been removed from such ships into a quarantine hospital, the disease has broken out among the officers and servants of the previously healthy establishment, and it is, therefore, hardly possible to disbelieve, in such cases, the influence of personal contact in spreading the disease.

"3. That it repeatedly happened, that when a previously healthy individual had had communication with an infected person or locality, and had returned to his own home, where no cholera had hitherto appeared, he has sickened of the pestilence, and that the next victims have been his nearest relatives and friends, and not only those whose condition and habits of life were favourable to the reception of the disease, but even persons living in comfortable circumstances, and that the disease spread again from these new foci. While it is acknowledged that in such cases fear, affliction, and bodily exertion may have a certain influence, yet the effects of personal contact with the sick appear undeniable, unless it can be proved that such depressing influences will of themselves produce an attack of cholera at times when the disease does not prevail in the country.

"We must, therefore, come to the conclusion, not only that cholera can be thus propagated from one individual to another, but that this is really the mode by which it is spread over the country.

"While we admit that possibly cholera *may* be generated in other countries, and even in Sweden, by local influences alone, the facts elicited in the examination of these reports are, we think, of such force, as to overbalance entirely the negative results obtained as to the origin of the disease in Götheborg, Rönneby, and Döderhultsvik, in favour of the origin of cholera in these places from a local cause." (p. 340.)

The fact that hundreds of persons visited those sick of cholera and yet escaped the disease, is estimated by Dr. Berg at its true value. After remarking that the same is known to occur in all infectious diseases, he admits that something more than mere personal contact, or the inhaling of the miasm from the sick, is required to produce the disorder; that there is some predisposition necessary in the case of the recipient individual, without which he may escape altogether unharmed. What this condition of the system is, we cannot at present define, but we are well convinced that want and misery, uncleanly dwellings and habits, a foul and stagnant atmosphere, and, above all, perhaps, the abuse of spirituous liquors, with its long train of accompanying evils, are causes that most powerfully predispose individuals to receive infection. It is against these, then, that our energies must be directed, in order to mitigate their influence by a well-conducted sanitary reform. We do not mean by this, the boasted activity of well-meaning but mistaken poor-law guardians and magistrates, who, when roused into activity by the near approach of pestilence, enter upon a crusade against the noisome drains, sewers, and privies of our towns; and having perfected their work by whitewashing the walls of each filthy alley, believe that they have done all that is requisite to repel the invading toe; meanwhile, the lodging-houses, of which the walls have just been cleansed, are permitted to be crowded night and day with the pallid, half-starved victims of intemperance and disease—fit food for any pestilence that may appear; and should cholera be introduced among these, scarcely an individual, as we have ourselves witnessed, will escape the contagion. Without the separation of the sick from the healthy, or, at least, unless an abundance of fresh air is permitted to circulate around the beds of the affected persons, cholera will be propagated through contagion in these lodging-houses every time that it visits our shores. Should we, then, have recourse to quarantine regulations for the protection of our coasts? *We think not.* Quarantine, in a country so dependent for its prosperity upon its foreign trade, is, in our opinion, a greater evil than the cholera itself. To be of any avail, such a quarantine involves an almost absolute cessation of intercourse with infected countries; no loophole must be left whereby the disease might creep in amongst us. Is there any one who believes that this is practicable? is there any person who will maintain that by the most stringent penal enactments we can effectually isolate England from the rest of the world? And if we cannot accomplish this, then our imperfect measures of restriction will be infinitely more prejudicial than no quarantine regulations at all. Starvation and misery among the working classes, the inevitable results of the closure of our ports, would create a tenfold predisposition to the disease; and should cholera then be wafted to our shores, twenty victims would fall before it for one that would have died, if the trade of our great commercial country had continued unchecked. In small communities, as in the isolated parishes and thinly scattered villages of Sweden, such prophylactic measures may be, and undoubtedly have been, available, as they have likewise proved efficacious in our northern islands, where, although in a sanitary point of view every circumstance favoured the progress of cholera, yet a strict quarantine enforced on the few vessels that visited their shores, effectually protected these islands from the pestilence. Since, then, we cannot hope to exclude the pestilence altogether, let us oppose every obstacle to its progress, and mitigate the severity of its ravages by effective sanitary measures. On the advantages of sanitary reform all parties are agreed—all acknowledge the necessity of good drainage in our cities, and the protective benefits of cleanliness, temperance, and good food; but the great strongholds of disease—the very foci of infection—our low lodging-houses in the towns, villages, and hamlets, have been too often overlooked; and while deceiving the public by an outward show of cleanliness, their whitewashed walls have concealed a charnel-house within.

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* It would be very interesting to obtain some positive data as to the period of *incubation* in cholera as compared with other zymotic diseases. As regards measles, the researches of Dr. Panum, in Feroe, have, we think, fairly proved that the period of incubation for that disorder is from fourteen to sixteen days.

Of the care and attention bestowed by Dr. Berg in the preparation of this able Report, it is impossible to speak too highly; and it would form an excellent model to be followed in the documents to be issued by any future Board of Health.

—

Treatment of Cholera. By H. W. Reed, M. D.—Perhaps the experience of cholera during a ten years' residence in India, may not be unacceptable. The following treatment I have found useful, and it has not unfrequently been successful. Immediately upon the first appearance of the disease give a mustard emetic. Do not mind its being instantaneously rejected; repeat it; and even again, should neither remain longer than three or four minutes in the stomach. If the emetic remains, it will be unnecessary to give another. Since the severity of the symptoms are generally suspended for a time under this management, you have now the opportunity of giving other remedies, without the discouragement of finding them immediately ejected as formerly. Next give half a grain of the muriate of morphia, and three grains of nitrate of potash, every half hour till the pulse increases in vigour and volume, and reaction becomes steady. The first dose of morphia may even be three-quarters of a grain or a grain: or half a grain may be repeated in a quarter of an hour. The case, it must be remarked, is dangerous, and admits not of delay; while to prevent a return of vomiting and collapse is most important. This effected, there is a probability of safety to the patient. Should the vomiting return, try the emetic again, or frequently moisten the tongue with a concentrated solution of morphia. The effect produced, and not the quantity of morphia administered, must form the criterion for its repetition. Sulphuric ether at the same time may be advantageously inhaled from a handkerchief; it tends considerably to allay pain and spasm.

During the course of the disease, at all times allow the patient to satisfy his thirst with copious draughts of water, in which a drachm of carbonate of soda to the quart is dissolved. It will be rendered more grateful and better adapted for the condition of the stomach by the further addition of citric acid. Do not be deterred by its being rejected two or three times, still encourage the patient to drink freely. Foment the stomach with hot turpentine on flannels, or apply large mustard poultices made with turpentine; rub the extremities assiduously with flannels, which may be soaked in turpentine and water. In addition, the bed should be artificially warmed; the spirit-lamp so made for that purpose is perhaps the best method. Sixty or eighty drops of laudanum, in an ounce of any bland fluid, may be thrown up the rectum. This should be retained as long as possible, and not repeated unless it has escaped.

The reaction which succeeds in a favourable case to the first violence of the disease is sometimes severe and complicated, and will require its appropriate management.

In cases of British cholera, the morphia and ether, with the mustard externally, will generally be found to succeed in a few hours, even though the disease be attended with cramps and incessant vomiting. No case of cholera can receive a fair chance without the constant presence and unremitting attention of the practitioner.—*Assoc. Med Journ*. Dec. 23, 1853.

Cholera in Persia.—The mortality in the camp for military exercises at Sultanieh, amounted to 80 cases a day. Out of from 35.000 to 40,000 troops, about 2,000 have died, including a few generals, mustaphas, and the admiral of the fleet. In consequence, Nouriddin Shah had returned on the 1st of October to Teheran. Persia has been visited with severe calamities lately. Teheran has lost by the cholera 11,000 inhabitants; Ispahan, up to the 20th September, 9,700; Tabris, 10,000; and Kermen, 7,000. Whole villages have died off, or the inhabitants have fled to the mountains.—*Med. Times and Gaz.* Feb. 11, 1854.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

The Alleghany County Medical Society held its regular quarterly meeting in Arthur's Hall, on Tuesday last, Jan 3, where the annual election of officers took place, when the following gentlemen were chosen for the ensuing year:—

President—Dr. C. L. Armstrong.

Vice-Presidents—Drs. J. P. Gazzam and John McCracken.

Corresponding Secretary—Dr. A. M. Pollock.

Recording Secretaries—Drs. Thomas J. Gallaher and E. G. Edrington.

Treasurer—Dr. A. M. Pollock.

Censors—Drs. R. B. Mowry, E. G. Edrington, G. D. Bruce.

Examiners—Drs. J. P. Gazzam, A. M. Pollock, D. M'Meal.

Delegates to the National Medical Convention—Drs. J. P. Gazzam, Thomas J. Gallaher, George D. Bruce, A. M. Pollock, Geo. McCook.

Delegates to the State Medical Convention—Drs. D. M'Meal, W. Draine, J. Carothers, J. M'Cracken, E. F. Williams, J. H. Wilson, J. W. Shaw, N. McDonald, J. H. O'Brien.

The following is a list of members of the Society:—

C. L. Armstrong, Wm. Addison, G. D. Bruce, H. R. Bell, Alexander Black, H. H. Breckenbridge, Jas. Carothers, John Dickson, Thomas Dickson, W. Draine, Samuel Dilworth, E. G. Edrington, Wm. M. Gray, Jos. P. Gazzam, J. W. Gustine, Thomas J. Gallaher, Jas. B. Herron, Wm. M. Herron, John S. Irwin, R. B. Mowry, John Martin, William M'K. Morgan, J. J. Myers, N. McDonald, G. McCook, F. McGrath, A. G. McCandles, D. M'Meal, J. McCracken, J. H. O'Brien, John Pollock, A. M. Pollock, B. R. Palmer, J. W. Shaw, Jas. D. Shields, Jno. Wilson, J. H. Willson, C. F. Williams, Thos. Perkins.

THOS. J. GALLAHER,
Secretary.

Army Medical Board.—The Army Medical Board, which convened in the city of New York, on the first day of December last (1853), for the examination of assistant surgeons for promotion, and of applicants for appointment in the medical staff of the army, adjourned *sine die*, on the 4th inst.—*Journ. Com.*

By this board the following assistant surgeons (named according to rank), were examined, and found qualified for promotion:—

Assistant Surgeons—William J. Sloan, Thomas C. Madison, Joseph K. Barnes, Levi H. Holden, Charles C. Keeney, Robert Murray, John F. Head, Israel Moses, John F. Hammond, Elisha J. Baily, George E. Cooper, Glover Perin.

The board also examined and approved the following candidates for appointment in the medical staff of the army: Robert Southgate, Virginia; Robert L. Brodie, South Carolina; Dewitt C. Peters, New York; Albert J. Myer, New York; Nathaniel S. Crowell, South Carolina; Joseph R. Smith, New York; James T. Ghiselin, Maryland; Pascal A. Quinan, Maryland; John F. Randolph, Louisiana; James C. Herndon, Virginia; George Taylor, Maryland; John J. Gaenslen, Virginia; George Hammond, Maryland; Wm. J. L. Engle, Florida; Bernard J. D. Irwin, New York.

The Stethoscope.—This journal has been purchased by the Medical Society of Virginia, and will henceforth be the organ of that influential association. We regret to part with Dr. Gooch, who has always conducted this journal in an independent spirit, and boldly upheld the character of our profession, from the editorial corps. But we are convinced that its present able editors, Drs. T. P. Akinson, R. W. Haxall, Jas. Bolton, R. A. Lewis, A. T. B. Merritt, and J. G. Cabell, sustained by the influence of the medical profession of the Ancient Dominion, will enlarge its influence and utility, and that it will be an efficient agent in the diffusion of medical knowledge, and in maintaining the dignity and honor of the profession.

Medical Graduates in 1854:—

Medical School of Harvard University	26
University of the city of New York	112
New York Medical College	24
Jefferson Medical College	270
Philadelphia College of Medicine	17
Pennsylvania Medical College	39
Medical College of Georgia	46
Medical Department of Iowa University	13
Medical Department of Univ of Buffalo	24

Obituary Record.—Died in Columbus, Ohio, on the 16th of January, 1854, in the 45th year of his age, **Richard L. Howard**, M. D., formerly editor of the *Ohio Medical and Surgical Journal*, and Professor of Surgery in Starling Medical College.

Died, on the 30th of October, 1853, in the 70th year of his age, **John Ester Cooke**, M.D. Dr. Cooke had acquired considerable reputation as a practitioner of medicine in Virginia, when he was induced to remove to Lexington, to occupy the chair of the Practice of Medicine, rendered vacant by the resignation of Dr. Drake. He subsequently filled the same chair in the Medical Institute of Louisville. In conjunction with Dr. Short, he originated, and for many years, edited the *Transylvania Journal of Medicine.* Dr. Cooke was a voluminous writer, latterly, we believe, principally on theological subjects.

FOREIGN INTELLIGENCE.

Coffee Leaves.—Dr. **Stenhouse** states that the coffee leaves, when digested with boiling water, yielded a deep brown infusion, which in taste and odour closely resembled an infusion of a mixture of coffee and tea. On the addition of milk and sugar, it formed a very tolerable beverage, and as the roasted coffee-leaf can be imported into Europe for rather less than twopence per pound, the poorer classes, are likely to find it a very useful substitute for tea and coffee. Should a more moderate temperature be employed in drying the leaf, I think its flavour would be greatly improved.—*Philos. Magazine.*

The Closing of the Burial-Grounds in London.—Besides the drainage of the soil, the removal of filth, and the adequate supply of pure waters—of living waters, as they have been well called—the entire cessation of the burial of the dead in churches and churchyards in towns is an indispensable sanitary measure. The execution of this delicate and important measure has been intrusted by the Secretary of State to Dr. Sutherland; and the following statement shows that it has been prosecuted with no ordinary activity and success in the Metropolis: 1. Nearly every vault under churches and chapels has been or is under order for closing. 2. Burials have been prohibited within every church and chapel where they are known to have taken place. 3. One hundred and eighty-one burial-grounds, parochial or private, have been closed, or are under order for closing immediately. 4. 61 parochial or private burial-grounds are under notice or order for closing within a limited period, almost all within a few months. 5. Sixteen burial-grounds are partially closed, all the interments except those in private vaults and graves being prohibited. 6. Thirteen burial grounds are closed under conditions for the protection of the public health. Lastly, nearly all the remaining grounds within the Metropolitan districts are now under inquiry.—*Registrar-General.*

—

Deleteriousness of London Gas.—Dr. LETHEBY, in detailing before the Court of Sewers some of the results arrived at by him in his analytical researches on the gas supply of London, said: "In the course of the investigations which I have been making during the last two years, I find that some of the companies are supplying gas to this metropolis which in the course of a few years will tend to damage very much the atmosphere and the property in it, for it is so highly charged with sulphuret, that I am able to obtain 21 grains of oil of vitriol from 100 cubic feet of gas, which is getting into the atmosphere. Then, again, there is a quantity of ammonia, which holds in solution a large quantity of tar, and whenever there is a leakage in the streets, it oozes out. During the last fifty years, when it has got into the public roads, it has rendered the soil near to it so offensive that you can hardly move the pavement without doing a great deal of harm. What it may be in twenty years hence I cannot say, but I think it will be almost unsafe that you should then disturb the pavements at all. There is not a library in the metropolis, the books on the upper shelves of which are not tumbling to pieces from this cause; and there is no controlling power over the different companies, because the public are not aware of the presence of these impurities. I think nothing is so important as that the chemical qualities of the gas should, from time to time, be tested. Testing gas at the works is all nonsense, because after travelling two or three miles it undergoes such a change that there is no comparison between the quality of the gas supplied to the public and at the works. Whatever is destructive to inert matter must necessarily be more injurious to living matter."—*Dub. Medical Press.*

—

The Heroic Conduct of the Surgeon of the "Tayleur."—Most of our readers have probably read in the newspapers an account of the heroic conduct of Mr. Cunningham, the surgeon of the ship "Tayleur," recently wrecked on the coast of England. The following just and beautiful tribute to his memory is from the pen of Dickens:—

"When these men perish at their work, they do not die with soldiers' laurels, but their names become connected with their last brave actions, and are told by Englishmen to one another in their households, so that in after years they receive honour by many a fireside. The surgeon of the *Tayleur* was conspicuous in his exertions for the reassurance and assistance of the shipwrecked passengers. We read at home, how, while struggling across a rope, with his own infant in his hands and teeth, he was plunged into the sea that dashed his child out of his hold; we read that he was seen, then, holding by the ship's side with a drowning woman in his arms, whose hair he was parting gently, and to whom he seemed to be speaking words of comfort. Her, too, the sea forced from his grasp; and we read that he was next seen perishing with his wife, during a vain struggle to save her. The noble man with his little family—his wife and two children—is swept away; he exists now only in the name of ROBERT HANNAY CUNNINGHAM. But these are the men whom we want living among us; these are the energies that we need for the leavening of all society, and for the work of the world. These are not men to be sent out in emigrant ships to the bottom of the sea. Their memory, too, will be best honoured if we be indignantly aroused, for their sakes, to amend an evil."—*Lancet,* Feb. 25, 1854.

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CLINICS.

Statistical Report of the Principal Operations performed in the London Hospitals during the month of January, 1854.—The following hospitals are included in the sub joined report: University College, King's College, St. George's, St. Bartholomew's, Guy's, St. Thomas's, the Middlesex, the London, the Westminster, Charing-cross, St. Mary's, and the Metropolitan Free.

Lithotomy.—Four cases; 2 recovered, 1 under treatment, and 1 dead. *Case* 1. A boy, aged 3, under the care of Mr. Erichsen, in University College Hospital; small stone; lithic acid, coated with phosphates; good recovery. *Case* 2. A man, aged 58, in very bad health, the subject of a perineal fistula, for which he had long worn a flexible catheter in the bladder. Mr. Cock, under whose care he was, in Guy's Hospital, made the incision so as to lay open the fistulous track; the stone was very soft, and broke into many fragments during extraction; a large quantity of detritus was removed, of a highly ammoniacal smell. The bladder has since been frequently washed out, and the patient thus far is doing fairly. *Case* 3. A boy, aged 4, operated on by Mr. Birkett, in Guy's Hospital; recovered without a bad symptom. *Case* 4. A man, aged about 50, operated on in St. Mary's Hospital, by Mr. Coulson. A large, very heavy stone was removed, together with a fragment which had evidently been chipped off from its side some time previously. The patient sank gradually, and died about forty hours after the operation. At the *post mortem*, a malignant growth, the size of an egg, was found projecting into the bladder.

Herniotomy.—The case (*Case* 6) left under care by last report and in which gangrene of the bowel had taken place, has since done well, and the wound is now all but closed.

Number of cases, 11; recovered, 3; un-

Published monthly by BLANCHARD & LEA, Philadelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage to the subscriber.*

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der treatment, 4; died, 4. *Case* 1. A woman, aged 64, under the care of Mr. Tatum, in St. George's; hernia, femoral, of forty years' standing, but never before strangulated; strangulation six days; sac opened; a small piece of gut, with a mass of much-altered omentum, found; the gut was returned, the omentum tied and cut away; diarrhœa and also some sloughing of the wound afterwards occurred; recovery. *Case* 2. A woman, aged 62, admitted in an almost dying state into St. Bartholomew's, under the care of Mr. Paget; hernia femoral, symptoms of strangulation three weeks. The sac was opened, and only omentum found within it, which was adherent, but not constricted. Mr. Paget passed up his finger through the neck of the sac, suspecting some strangulation beyond, when a gush of fluid feces immediately took place. It was evident that the gut was sloughy and softened, and Mr. Paget thought it very probable that an intra-abdominal stricture had existed. Death occurred a few hours afterwards. The most strenuous efforts were unavailing to procure a *post mortem*. *Case* 3. A woman, aged 66, in St. Bartholomew's under Mr. Stanley's care; left femoral hernia of very large size; strangulation nine hours; sac not opened. Constipation for six days followed, and the patient also had bronchitis; she has since done well, and is now out of danger. *Case* 4. A woman, aged 42, also under Mr. Stanley's care; left femoral hernia; strangulation forty-eight hours; sac not opened; had bronchitis afterwards, but is now doing well. *Case* 5. A man, aged about 40, under Mr. Simon's care in St. Thomas's, right femoral hernia; strangulation forty-eight hours; recovered. *Case* 6 Femoral hernia in a woman under the care of Mr. Adams in the London Hospital. Strangulation nine hours; sac not opened; recovered. *Case* 7. A woman, aged 69, under Mr. Critchett's care in the London Hospital; strangulation eight hours; sac not opened; is doing well. *Case* 8 An umbilical hernia of enormous size, and containing, as the operation proved, more than half the extent of the small intestine. The patient, a middle aged man, was under the care of Mr. Hilton in Guy's; strangulation had existed for 48 hours; sac opened; intestine returned; death from collapse five hours afterwards. The *post mortem* showed extensive organic disease, but very slight peritonitis. The lungs were emphysematous, the kidneys granular, the heart and liver fatty. *Case* 9. Oblique inguinal hernia in a man, aged 54, of very intemperate habits, in Guy's Hospital, under the care of Mr. Hilton. Strangulation five days; sac opened; omentum found extremely congested, and adherent to the sac, hiding the bowel. The patient did well, with the exception of diarrhœa, until the fourth day, when the symptoms of peritonitis came on; death ensued on the eighth day. No *post mortem* was permitted. *Case* 10. Large scrotal hernia in a man aged 45, under the care of Mr. Cock in Guy's. Strangulation four days; sac opened, after the division of the stricture and return of the bowel, in order to reduce also the omentum, of which a large mass was down; part of the latter was returned, and a portion being firmly adherent was allowed to remain. Suppuration in the cellular tissue of the scrotum followed, but the patient is now doing well. *Case* 11. A lad, aged 19, under the care of Mr. Lane in St. Mary's; symptoms of strangulated bowel had existed for thirty-six hours, but on admission no intestine could be felt in the sac; the operation was performed two hours later, and a small knuckle of intensely congested gut was found in the neck of the sac; in the latter there was also pus; sac opened; death occurred on the fourth day. *Post mortem* revealed extensive peritonitis.

Operation for Imperforate Anus.—In a case at King's College Hospital of imperforate anus, in which no evidence that the bowel came near to the perineum existed, Mr. Fergusson performed Amusat's operation of opening the descending colon in the left loin. The infant was nine days old, and suffering much from the obstruction; the belly being swollen and tympanitic. The gut was easily reached, and a copious discharge of feces followed. In spite of much neglect on the part of the parents, the little patient has thus far done well.

Ligature of Arteries.—In St. Bartholomew's Hospital, by Mr. Skey, ligature of the external iliac, an inch and a half above Poupart's ligament. The patient was a healthy man, of middle age, and his disease was an aneurism of the first part of the femoral, the size of an orange, which had followed a blow four years previously. The case is thus far doing remarkably well. In two cases the radial, and in two the ulnar, artery has been tied on account of wound. In all the ligature was placed above and below the injured spot. All are doing well

Aneurism.—Mr. Hilton's case of popliteal aneurism is still under treatment by compression. The tumour, which at first was the size of an orange, is now not so large as an egg, is almost solid, and pulsates but feebly. The man has not suffered in the least in his general health, which has been throughout excellent. But little alteration in the tumour has taken place during the last three months. In St. Mary's Hospital, two cases of popliteal aneurism have been under treatment by compression during the month, under the care of Messrs. Coulson and Haynes Walton. In Mr. Walton's case it has been found necessary to resort to ligature of the femoral, and we believe that the same measure is intended in the other also.

Amputations.—All the cases previously reported are doing well. There have been performed during the month 12, the subjects of which are all of them, excepting one, under treatment. Of the *thigh* 3 cases; 1 primary, in a child aged ten, under the care of Mr. South, in St. Thomas's, for very severe compound fracture; 1 secondary, on account of profuse hemorrhage from the femoral artery, on the 14th day, after a compound fracture of the femur—patient aged 14, under the care of Mr. Moore, in the Middlesex Hospital; 1 on account of a conical and painful stump, by Mr. Holt, in the Westminster Hospital. Of the *leg*, 1, on account of diseased ankle, under the care of Mr. Tatum, in St. George's; 1 on account of severe compound fracture, by Mr. Lane, in St. Mary's; this was a double amputation; the injury had been inflicted by a railway engine. The feet were both of them cut off by the accident, and the operations consisted in making stumps. The man did not rally, but died of shock a few hours afterwards. At the *ankle-joint*, 1, by Mr. Partridge, in King's College, on account of injury to the foot; 1 also by Mr. Partridge, on account of diseased ankle-joint, about an inch of the tibia and fibula being sawn off; 1 at the joint, by Mr. Paget, in St. Bartholomew's, on account of diseased os calcis, in which a gouging operation had previously been performed. Of the *arm*, 2, both by Mr. Adams, in the London Hospital; in 1 the necessitating cause was a compound fracture; in the other, a severe burn. Of the *forearm*, 2; 1 primary, by Mr. Stanley, in St. Bartholomew's, on account of injuries inflicted by a circular saw; 1 secondary, by Mr. Moore, in the Middlesex, on account of repeated bleedings from the radial artery, in a case in which, after a bite from a horse, phlegmonous erysipelas had disorganized the extremity, and involved also the wrist-joint.

Excision of Bones, Joints, etc.—The two cases of excision of the wrist-joint have been discharged from their respective hospitals. In each the wound is almost healed, but some time must yet elapse before any opinion as to the probable usefulness of the member can be formed. The other cases reported last month remain under care. During the month there have been performed the following: In the University College Hospital, by Mr. Statham, excision of almost the whole os calcis in a necrosed condition. In the London Hospital, by Mr. Adams, of a small portion of the os calcis. In Guy's, by Mr. Cock, the scooping out of the lower extremity of the tibia from its inner aspect on account of caries. In St. Thomas's, the removal of the whole of a diseased metatarsal bone of one toe by M. Le Gros Clarke. In St. Mary's, by Mr. Lane, resection of the metatarso-phalangeal joint of the great toe. All these cases are thus far doing fairly. In a case of disorganized elbow-joint under care in St. Bartholomew's, Mr. Lloyd laid open the joint from behind, and cut away the whole olecranon, which was found to be carious. The patient, a man of 45, is doing very well.

Removal of Necrosed Bone.—Several of the cases previously reported have been discharged almost well, and during the month nine operations of this class have been performed. None of them call for special notice.

Excision of Malignant Growths.—The cases left on the list last month are all now recovered. During the month there have been done by Mr. Erichsen, in University College Hospital, excision of a melanotic tumour within the orbit, the patient being a man aged 61. In Guy's, by Mr. Birkett, excision of returned cancerous tumour from the breast of a woman aged only 30, who had been operated on three months previously. There is an interesting circumstance connected with this case, in relation to the so early development of cancer mammæ, viz: that it is hereditary, the mother of the patient having died of the same disease. In St. Thomas's, Mr. Solly has removed the breast of a woman, aged 41, for what is believed to be a malignant tumour. In St. Bartholomew's Hospital, Mr. Lawrence removed a large fungous and somewhat overhanging mass from the back of a woman aged 50. There was at the time of the operation a second tumour, supposed to be of like malignant nature, situated in the axilla; this took on inflammation and sloughing a few days afterwards, and death ensued. Mr. Lawrence has also removed, in another case, an ulcerated scirrhous breast, which was of some months' duration, but, growing rapidly; the patient is doing very well. From a patient, under the care of Mr. Stanley, a growth of epithelial cancer, on the side of the tongue, was removed by the knife. The wound healed well, and the patient has returned home. In the Middlesex Hospital, Mr. Henry has excised a returned cancer of the cicatrix, after removal of the breast. It was of the firm medullary kind, and had not affected the axillary glands. The first operation is one which we reported in September last. In Guy's Hospital, Mr. Hilton removed a mass of epithelial cancer from the scrotum of a man, aged 64, who was not a chimney-sweep, but had been much exposed in his occupation as a stoker to the influence of soot. Considerable bleeding occurred at the time, but the wound healed quickly afterwards. In all the above, excepting those in which it is stated otherwise, the patients are doing well.

Excision of Non Malignant Growths — In the Middlesex Hospital, Mr. De Morgan has removed, by excision, a vascular tumour, from the substance of the latissimus dorsi muscle of a girl, aged 10 years. In St. George's, a girl, aged 17, under the care of Mr. Tatum, has had a large ulcerated tumour excised from the upper part of the thigh, which the microscope proved to be of fibro-plastic character. It closely resembled medullary cancer to the unaided eye, and had been taken for such before the operation. In King's College, Mr. Fergusson removed from the calf of a man a very singular tumour, which weighed three pounds. It had the appearance of colloid cancer, but consisted chiefly of fat and oil. Dr. Beale, who made a careful microscopic examination, did not believe it to be malignant. It has been exhibited at the Pathological Society. Four fatty tumours, and one of painful subcutaneous tubercle, have been successfully operated on. Several of the above, and three of those previously reported, are still under treatment.

Puncture of the Bladder.—Mr. Cock's case, mentioned last month, has been discharged well. The puncture was per anum, and performed for impassable stricture. Eighteen days after the operation, Mr. Cock succeeded in introducing a No. 1 flexible catheter, which was left in a few days, and then replaced by a size larger; successive changes were continued, until No. 7 could be easily passed. At the time of his discharge, the man could make water in a full stream: In the Middlesex Hospital, puncture of the bladder for impassable stricture has been performed by Mr. De Morgan. The patient, a man, aged 30, did well for the first week, at the end of which, rigors and the other symptoms of pyæmia set in, and death followed on the fourteenth day.

Operations for Urethral Stricture.—The three cases on our list are all still under treatment. Mr. Fergusson's case of perineal section is progressing favourably. In Mr. Cock's, of the same operation, the patient has suffered from pyæmia, but is now recovering, and the wound is closing. In Mr. Coulson's case, the perineal wound is healed, but the one anterior to the scrotum remains open.

Paracentesis Thoracis.—Dr. Page's case, in St. George's, has been discharged, much relieved, and able to return to work. The operation has been practised during the month on six cases, in five of which the patients remain under care, and as we shall have shortly to allude to them more in detail, they may be left for the present. The sixth was in the London Hospital, under the care of Dr. Davies. The operation was performed by Mr. Adams, and afforded much temporary relief. The chest, however, refilled, and death took place two weeks afterwards. The disease was empyema.

Paracentesis Abdominis.—In five cases for *ascites*, and in two for *ovarian dropsy*. All of them recovered.

Tracheotomy.—A child, aged 16 months, was admitted into the London Hospital, after having attempted to swallow some boiling oil. Intense dyspnœa rapidly supervened, and Mr. Debenham, the house-surgeon, at once opened the trachea. Great relief was at first afforded, but the difficulty of breathing soon afterwards returned, and death took place twenty-four hours after the operation. At the *post mortem*, the epiglottis was found charred and shrivelled, and there was great œdema of the parts about the glottis.

Ligature, etc. of Nævus.—Most of the cases reported are well. Operations by ligature have been performed in four cases, all yet under treatment. In one in the London Hosptial, Mr. Adams operated by passing two large skeins of silk through the vascular structure The child returned into the country, but Mr. Adams has since heard from the surgeon in attendance that the cure is perfect.

Operations for Varicocele—Mr. Erichsen, in a case in University College, resorted to Vidal's method, and a complete cure without bad consequence has resulted. In a second yet under care in King's College, and which promises to be quite successful, Mr. Partridge employed a modification of that plan. He passed around the enlarged veins a strong silk ligature, and then gradually tightened the two ends over a small wooden bridge, in principle like that of a tourniquet. The veins appear to have been obliterated, and the wound is nearly healed.

Operations for Varicose Veins.—In a case in University College Hospital, Mr. Erichsen has operated on both legs by the needles and twisted suture. The veins are obliterated, and the ulcers which had previously existed have healed.

Fistula in Ano—Four cases have been operated on, and, together with three of those previously reported, remain under treatment.

Operations for the Cure of Ununited Fracture.—The two cases in St. Bartholomew's remain under care.

Plastic Operations.—For *hare-lip*, six cases, all doing well. A case in St. Bartholomew's Hospital, under Mr. Paget's care, has been operated on for *ruptured perineum*, and, as far as can be yet known, will be quite successful. The rupture involved all excepting the sphincter ani, and had occurred, during labour, eighteen months before. A similar case, on which Mr. Baker Brown operated last month in St. Mary's, may be pronounced cured. A case of *vesico-vaginal fistula*, reported three months ago as having been operated on by Mr. Pollock, in St. George's, is so far improved that the patient can retain her urine and get about her family duties with comfort; the aperture is not, however, quite closed. The operation had consisted in paring the edges and bringing them together with hare lip pins. Two cases of similar nature are in St. Mary's, under the care of Mr. Baker Brown, and have been very much benefitted. In Charing-Cross Hospital, Mr. Avery has operated for *cleft palate*, and the cases promise well.

Tenotomy.—In St. George's, Mr. Hawkins, in a case of contracted knee, after strumous inflammation of the joint, divided the hamstring tendons, and also that of the vastus externus. The extension of the limb has since been retarded by the occurrence of suppuration in the wound. The tendo-Achillis has been divided, in a case in St. George's, by Mr. Hewett, for the cure of talipes equinus; and in a case in Guy's Hospital, by Mr. Birkett, to secure the better coaptation and rest of a compound fracture of the leg.

Neurotomy—In the case of Mr. Bowman's, mentioned last month, a second operation has been performed, the pain having returned as the nerve healed. Again great relief has been afforded.

Operations for Cataract.—In University College Hospital, Mr. Wharton Jones has operated on two cases, one congenital, and one traumatic, both by absorption, and both progressing well.—*Med. Times and Gaz.* Feb. 18, 1854.

Lectures on the Functional Disorders of the Stomach. II. Deficient Secretion of Gastric Juice—slow and imperfect Digestion.—By GEORGE BUDD, M. D., Prof. of Medicine in King's College Hospital, London.

The subject of my last lecture [see p. 61-69] was the disorderly secretion of gastric acid, which may result from disease in some other organ unduly exciting, by means of reflex nervous influence, the secreting function of the stomach.

In a state of health the stomach contains no gastric juice while it is empty of food. The contact of food with the mucous membrane immediately causes the juice to flow from it in quantity sufficient for complete and easy digestion. The formation of gastric juice depends on the proper nutrition of the mucous membrane—just as the power of a muscle depends on the proper nutrition of the muscular fibre—but the outpouring of the juice when food touches the mucous membrane, like the outpouring of saliva from the presence of food in the mouth, is excited by reflex nervous influence; that is, the impression of the food on the surface is transmitted by the nerves to some central part of the nervous system, and thence reflected to excite the action of the secreting apparatus.

This reflex nervous influence, which causes the outpouring of gastric acid on the contact of food with the mucous membrane of the stomach, may be excessive; or it may be excited by other impressions on the mucous membrane of the stomach than those arising from the presence of food; or, lastly, it may be excited by irritation in other organs—producing in these several ways the disorders we considered at our last meeting; and, on the contrary, when there is food in the stomach and gastric juice is required, the nervous influence exciting the secretion may be deficient in energy, and the juice may be poured out in too small quantity for complete and easy digestion.

Dr. Wilson Philip showed, by various experiments on rabbits and other animals, that if the eighth pair of nerves be divided in the neck, any food which the creatures may afterwards eat usually remains in the stomach undigested; and after death, the coats are not dissolved by the gastric juice, however long the animal may have lain dead.

The experiments did not warrant the conclusion that Dr. W. Philip drew from them—that the secretion of gastric juice is entirely dependent on an influence transmitted through these nerves; but they proved that the division of the nerves, and the injury and shock of the operation, arrested the secretion for a time.

It is well known that long-continued watchfulness, or excessive fatigue, or great mental excitement, will prevent or take away the feeling of hunger, and destroy for a time the power of digestion.

A man in the wild excitement of delirium tremens has a repugnance for food of every kind. When the delirium subsides, and the nervous system has been refreshed by a few hours' sleep, the appetite and the power of digestion return.

In the case of St. Martin, to which I have before referred,* Dr. Beaumont had ocular proof that the depressing passions of fear and anger lessen the secretion of the gastric juice. Feebleness of digestive power, arising from this cause, is often seen in men of excitable temperament who suffer anxiety, or who overstrain their minds in the pursuit of wealth or other objects of ambition.

A deficient secretion of gastric juice may result from many other conditions. If the stomach be kept in a state of congestion, or if its mucous membrane be inflamed, or if its secreting apparatus have been otherwise injured, the secretion of gastric juice is, as we have seen, arrested, or diminished. The same thing happens, as is well known, in inflammation of other organs attended with fever, and in states of active fever, however induced.

A scanty secretion of gastric juice results also, independently of these conditions, from indolent and sedentary habits, and from the habitual consumption of more food than the system with such habits requires.

The purpose of digestion is to supply the waste of the body; and it has been wisely ordered that the power of digestion shall increase with the waste. The day-labourer, who toils from sunrise to sunset in the fields, has generally some compensation for the hardships of his lot in the comfort of a strong and easy digestion. A man convalescent from fever, or any other lingering and wasting disease, requires, and can easily digest, much more food than when in a state of established health; a woman, suckling her child, much more than when she has no such drain. Where the increased need of food is of long continuance, the power of digestion is permanently increased, and the mucous membrane of the stomach acquires an unusual development, or becomes hypertrophied. This is seen, as Dr. Todd has shown, in cases of diabetes. In this disease, a large part of the food, when dissolved in the stomach, does not undergo those other and ulterior changes which fit it to form part of the living blood, but, instead of this, becomes converted into a low form of sugar, which passes off in the urine without contributing to nourish the body. There is, consequently, an unnatural craving for food; food in large quantity is rapidly dissolved in the stomach; and, as is seen on dissection, the mucous membrane of the stomach acquires unusual development.

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* St. Martin, in consequence of a gunshot wound, had a broad fistulous opening through the abdominal parietes into the stomach; and Dr. Beaumont, under whose care he fell, was thus enabled to ascertain the condition of the stomach or its contents at any time.

It often happens in the middle and upper classes of society that the secretion of gastric juice is only relatively deficient. The stomach can digest food enough to nourish the body, but not enough to satisfy the pampered appetite.

It has been clearly shown by the experiments of Spallanzani and Dr. Beaumont, that the quantity of juice required for digestion is proportioned to the quantity of food When gastric juice has dissolved a certain quantity of food, it is saturated, and can dissolve no more. The digestive power may, indeed, be restored in a certain degree, by the addition of water, or by the addition of muriatic or lactic acid; but to carry digestion much further there must be a fresh quantity of the juice.

If, then, a man eats too frequently or too much, the gastric juice may be inadequate for the proper and easy digestion of the food, without any fault fairly attributable to the stomach. The organ is simply overtaxed. Indigestion. brought on in this way, is the natural penalty for the violation of a natural law, or, as a humorous writer has termed it, "the remorse of a guilty stomach."

In all these ways, gastric juice may be secreted in insufficient quantity for the purpose of digestion.

We may next consider the form of indigestion thus resulting.

A necessary effect of an insufficient secretion of gastric juice is, of course, slowness of digestion. The food, instead of being completely digested, and passing out of the stomach, in two or three hours, remains undigested. or only partially digested, for a much longer time—it may be, for twelve, or even twenty-four hours. The undigested portions of food remain in the stomach, and, during the slow process of digestion, there is a sense of weight or uneasiness at the pit of the stomach. which gradually lessens, and at length ceases, as the food gets dissolved and passes out of the stomach. If any portions of the food remain solid, there is often, at the end of some hours, when the stomach is getting empty, a distressing feeling of spasm, or cramp, at the pit of the stomach.

Some experiments made by Dr. Beaumont on St Martin seem to show, that this feeling of cramp is owing to the undigested portions of food getting into the pyloric orifice of the stomach.

Wishing to ascertain the temperature of the stomach during digestion, Dr. Beaumont passed a small thermometer into the stomach of St. Martin. When the bulb of the thermometer got into the narrow or pyloric end of the stomach, there was a forcible contraction of the stomach upon it, attended by severe pain and distress at the pyloric extremity, like the cramp or the sensation frequently described as cramp by persons suffering from undigested food in the stomach. When the experiment was repeated several times in quick succession, it left a sense of soreness, which was sometimes felt the following day.

If portions of food remain undigested many hours, they irritate the lining membrane of the stomach, and cause headache, a slightly furred tongue, and feelings of general disorder.

The remedies for this habitual slow digestion, in persons otherwise healthy, are to be sought in proper regulation of the diet and habits of life, and in medicines which tend to increase the secretion of gastric juice.

The diet should consist of food easily soluble, the stomach should never be overloaded, and there should be a sufficient interval between meals. Care should especially be taken to avoid new bread and tough meat, and not to oppress the stomach by malt liquors, or to indulge in fermented drinks of any kind beyond the point which, from habit or otherwise, the state of the nervous system may require. Bodily fatigue and nervous exhaustion should be avoided, as these states lessen the secretion of gastric juice; but mind and body should be sufficiently exercised. We were intended to be active creatures, and a life of indolence is the infraction of a natural law, which always brings a penalty of some kind or other. A certain amount of bodily exercise and agreeable occupation of the mind, promote digestion, and improve in various ways the general health, and contribute greatly to the preservation of both the bodily and the mental powers.

Various medicines—ipecacuanha, rhubarb, cayenne pepper—taken in small doses, stimulate the lining membrane of the stomach and cause a more abundant outpouring of gastric juice, and may often be taken with advantage just before the principal meals by persons whose digestion is habitually slow. For example, from half a grain to two grains of ipecacuanha and three or four grains of rhubarb, or a grain of capsicum with three or four grains of rhubarb, in a pill, may be taken before dinner or before breakfast and before dinner.

Salt and mustard have an action on the coats of the stomach of the same kind. A large quantity of salt taken at breakfast will sometimes relieve the headache and much of the other discomfort that follows a debauch. Mustard, as is well known, promotes, with most people, the digestion of beef and other rich meats; and its habitual use will occasionally be found greatly to mitigate the discomfort that results from an habitual slow digestion. White mustard-seed, swallowed whole, was, indeed, some years ago, one of the popular remedies for indigestion; and I have met with more than one instance of aggravated indigestion in which much benefit was attributed to its use. It was given in the dose of a table-spoonful two or three times a day. These stimulants for the stomach—ipecacuanha, salt, mustard—when taken in considerable doses, are all of them powerful emetics. As a remedy for habitual slow digestion, ipecacuanha seems to me to be more effectual than any of the others. The dose of it should, of course, be too small to cause a feeling of nausea.

The uneasiness at the stomach that arises from slow digestion may often be mitigated by drinking a small glass of water, or by eating a lump of sugar an hour or two after meals, or when the uneasiness begins to be felt.

Where digestion is habitually slow and feeble, much benefit of more lasting kind may frequently be derived from the muriatic or the nitro-muriatic acid, taken for some weeks together, half an hour or three parts of an hour before the principal meals.

I need hardly say that, when digestion is slow and feeble, care should be taken not to give at the time of meals, or while digestion is going on, alkalies, the alkaline salts, or other medicines that suspend or enfeeble the action of the gastric juice.

But mere slowness of digestion is not the only ill effect of a scanty or depraved secretion of gastric juice. It often happens when the stomach is weak and disordered, or when more food is eaten than the healthy stomach can readily master, and especially when at the same time it secretes an unhealthy mucus prone to ferment, that the undigested food in the stomach undergoes putrefactive changes, or some unnatural fermentative process, instead of proper digestion.

One of the most remarkable properties of the gastric juice is that of preventing the putrefaction of meat. Spallanzani first ascertained the fact, that gastric juice not only prevents the putrefaction of meat, but has the power to arrest the process of putrefaction already begun, and even to correct the fetor of meat already tainted. Later physiologists have ascertained that it likewise hinders the lactic, acetic, and alcoholic fermentations, which consequently do not occur in the stomach during healthy digestion.

But if the gastric juice be insufficient in quantity, or faulty in composition, this controlling power may be inadequate to its purpose, and the food in the stomach may undergo some fermentative changes that ought not to take place.

The precise nature and the products of these changes depend on the quality of the food, and on the state of the substance that acts as a ferment. If this substance be decomposing mucus, as Lehmann has suggested that it commonly is, the kind of fermentation will very much depend on the stage of decomposition which this has reached.

In some cases, the food undergoes common putrefactive changes, and sulphuretted hydrogen is evolved. Distension and uneasiness of the stomach come on, with frequent eructation of sulphuretted hydrogen—belchings as of rotten eggs. This is attended with severe frontal headache—often with a feeling of chilliness—and the other disorder familiarly known as the effects of surfeit. All this disorder is speedily removed when the stomach is emptied by a vomit.

This kind of indigestion is a common effect of over-eating, even in young and healthy persons, and hence is popularly known as "a surfeit." Delicate and growing boys often eat largely from a sense of exhaustion, and soon afterwards engage in active play; the food is undigested, and surfeit occurs. It is more prone to occur in persons with carious teeth, when offensive saliva passes into the stomach.

It frequently occurs, too, as we have seen, in cancer of the stomach, where offensive secretions are poured into the stomach; while the food, in consequence of an obstacle at the pyloric orifice of the stomach, or of some impediment to the free action of its muscular fibres, is unduly detained there.

When "a surfeit" occurs in a young and healthy person, the quickest and best way of removing the disorder is to give an emetic, and so free the stomach from the putrefying matter; and afterwards, if need be, to empty the bowels by some quickly-acting purge.

In malignant disease of the stomach, in which this kind of disorder is especially apt to occur, emetics, which irritate the lining membrane of the stomach and may cause violent efforts of vomiting, are unsafe, and an attempt should rather be made to prevent the disorder by proper regulation of the diet. As charcoal has antiseptic properties, toasted bread may be taken instead of plain bread, toast and water instead of plain water, or a small quantity of charcoal in substance may be given.

Should the disorder occur in spite of precautions such as these, the progress of the putrefactive changes may be stayed, and the further evolution of gas be prevented, by small doses of creasote. From half a minim to a minim of creasote is sufficient, and may be given in a pill at the time of meals, or as soon afterwards as the putrefactive changes begin.

It much more commonly happens, when digestion is feeble, that the contents of the stomach undergo some other kind of fermentative process.

If the food have consisted chiefly of vegetables, fruits, new bread, ill-fermented malt liquors, new wines, it has a tendency to pass into a fermentation by which carbonic acid is freely evolved. This causes great distension of the stomach, and a distressing sense of uneasiness, frequently relieved for the moment by the eructation of inodorous gas—chiefly carbonic acid gas.

If the stomach be emptied by a vomit, the rejected matter is seen to be in a state of active fermentation.

In the case of St. Martin, Dr. Beaumont had an opportunity of witnessing this process in the stomach itself. St. Martin had been in the woods all day, picking whortleberries, and had eaten no other food from seven in the morning to eight in the evening. Dr. Beaumont then looked into the stomach, and found it, to use his own expression, "full of berries and chemifying aliment, frothing and foaming, like fermenting beer or cider."

If food be eaten which is already in a state of fermentation, the fermentative process may continue in the stomach itself. When, for example, new wine is drunk—wine that is in a state of fermentation—the fermentation sometimes continues; is, perhaps, even increased by the heat of the stomach; and carbonic acid is evolved very rapidly. The stomach becomes greatly distended, and it is stated that the consequent disorder is sometimes so great as to destroy life. Cattle, when first placed in a field of fresh clover, or other rich pasture, frequently eat more than their stomachs can digest. The vegetable mass ferments in the stomach, as it would at the same temperature out of the body, and carbonic acid and hydrogen (and sometimes hydrogen and sulphuretted hydrogen), are evolved in great quantity. In consequence of the peculiar structure of the stomach in cattle, these gases cannot escape through the œsophagus, and the stomach becomes enormously distended; in some cases even to bursting.

In man the gas escapes readily through the œsophagus, so that, even when much of it is evolved, the immediate ill effects of this kind of indigestion are very rarely serious. In the course of a few hours the fermentative process is at an end, and the distension of the stomach subsides.

The cases in which medical advice is most frequently sought are, however, not those where distressing distension and flatulence result from mere over-feeding in healthy persons, but where this kind of indigestion in less degree is habitual, so that uneasiness of the stomach and flatulence are commonly felt an hour or two after the principal meals.

The ill effects of the disorder are, then, not confined to distension and uneasiness of the stomach. The fermentative processes in the stomach give rise to products which, when absorbed into the blood, have an injurious influence on the general health, and the frequent repetition of the indigestion prevents the proper nutrition of the body. The patient is usually depressed in spirits, is less capable than in health of mental exertion, and has lost some of his customary energy and strength. It often happens that oxalic acid is one of the products of the unhealthy digestion, and that crystals of oxalate of lime may be found in the urine. In many such cases the indigestion itself results from a faulty state of the general health, or from overwork, or depressing influences of other kinds, and the disorder belongs to a class to which I shall call your attention in a future lecture.

When thus arising, the flatulent distension of the stomach may sometimes be prevented by the pills composed of ipecacuanha and rhubarb, or capsicum and rhubarb, of which I have before spoken; but a remedy which succeeds more frequently is the nitromuriatic acid—ten minims of each of the dilute acids twice a day—taken half an hour, or three quarters of an hour, before the principal meals.

Much good will result, also, from horse-exercise, change of air, and other influences which tend to improve the general health.

The diet should be light and nourishing, and the patient should eat sparingly of succulent vegetables, fruits, and saccharine substances in general, and should carefully abstain from ill fermented malt liquors.

A more common kind of fermentation in the stomach is the lactic, by which the starchy principles of the food are converted into lactic acid. This kind of fermentation, if fermentation it can rightly be called, is most common in nervous persons with feeble digestion, in whom it not unfrequently happens that acid collects in great quantity in the stomach after meals. They often familiarly tell us, that almost everything they eat turns to an acid. If vomiting occur an hour or two after meals, the matter thrown up is very acid, and, on analysis, the acidity has been often found to be mainly due to lactic acid.

It was supposed by Dr. Prout that much of the lactic acid which collects in the stomach in such cases is derived from the blood, and that it is secreted by the coats of the stomach. Whether this be so or not, there can be little doubt that it is often formed in great quantity in the stomach from the starchy principles of the food. It is possible that the secretion of lactic acid by the coats of the stomach may promote the conversion of the saccharine principles of the food into this substance.

This lactic fermentation is not, like the kinds of fermentation of which I have before spoken, attended with evolution of gas. It causes, therefore, not flatulence, but heartburn and pain in the stomach, which is often very severe, and which is sometimes attended with a feeling of constriction, or cramp.

The uneasiness that results from undue acidity thus arising, may be relieved for the time by alkalies, and may often be prevented by giving, before meals, medicines which have an astringent or bracing effect on the coats of the stomach—bismuth and magnesia, or better still, the mineral acids, especially the sulphuric acid.

Lactic acid, out of the body, is apt to undergo another kind of fermentation, which causes the slow evolution of hydrogen and carbonic acid, and which leads to the formation of butyric acid.

There can be little doubt that the same changes occasionally take place within the intestinal canal. Hydrogen is one of the gases that have been found in the intestines, and now and then the matter vomited by persons of weak digestion has the sour rancid smell of butyric acid.

I have spoken of several kinds of fermentation as if they existed separately; but it very commonly happens, although one kind may predominate, and give a character to the disorder, that these several kinds, and others of which little is known, may go on simultaneously, or rather, perhaps, in quick succession in the stomach, and that various gases, carbonic acid, hydrogen, and sulphuretted hydrogen, and various acids, lactic, butyric, etc. are formed. The consequent disorder is not confined to the stomach. The acid and unnatural products of digestion may pass into the bowels, fret their lining membrane, and excite griping pain and purging; some noxious matters may be absorbed, and cause headache and other disorder; and, if the indigestion recur frequently, the general health must suffer.

Severe attacks of vomiting and purging, commonly designated English cholera, seem often the result of fermentation or putrefaction of food in the stomach, by which some highly irritating matter is formed. If I may judge from my own experience, such attacks generally come on in the evening, soon after dinner, or at night, soon after supper, and are much more frequently consequent on a meal of meat or cheese, than on the eating of fruits, to which, perhaps from the greater frequency of the disorder in autumn, they are generally ascribed.

I have found no remedy so effectual in checking the disorder as pills composed of creasote and opium.

Our knowledge of the various kinds of fermentation is still very imperfect. As it becomes more extensive and exact, our knowledge of various forms of indigestion will, doubtless, become more precise, and our power of relieving them greater than it now is.—*Med. Times and Gazette*, Jan. 28, 1854.

CHOLERA.

Cholera in Great Britain.—We regret to state that the fears we expressed (see No. for January last, p. 5), that this disease would reappear in Great Britain on the approach of spring, have been realized. The epidemic has already shown itself in England, Ireland, and Scotland. We shall give the particulars as far as they have reached us.

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Cholera in England.—Leeds has the misfortune to stand first in the present year as the scene of the cholera's ravages. It broke out among the work people engaged in the flax-spinning mill of John Wilkinson & Co., one of the most respectable firms in this district, and a mill which for salubrity, cleanliness, ventilation, and care of the operatives, has always ranked among the very best. Dr. Gavin, one of the inspectors of the Board, was dispatched to inspect the neighbourhoods where the cholera had made its appearance within the last few weeks. Dr. Gavin, on his arrival at Leeds, first inspected the flax mills of the Messrs. Wilkins, where the disease first made its appearance, and on the same day reported to the sanitary committee of the town that he considered the outbreak arose from the stagnant condition of the river Aire, which had become interrupted in its current, and from a large depôt of manure on the opposite side of the river, belonging to the corporation. The committee, at the suggestion of Dr. Gavin, ordered the immediate removal of the manure and other rubbish collected in the neighbourhood of the mills. The following day Dr. Gavin inspected the township of Leeds, Holbeck, Hunslet, Beeton, and Rothwell, all of which he found in a very filthy state, and through the committee ordered immediate sanitary steps to be taken towards their cleansing. The number of cases of cholera ascertained up to the present time amount to forty, of which sixteen have proved fatal.

At Castleford, cholera has made its outbreak "in its most frightful form, and it is not confined to any class or situation." Castleford was so severely attacked in 1849, that it was afterwards placed under the *Public Health Act*, as the inspector reported it as one of the most unhealthy places in England, yet capable of being made one of the most healthy. Notwithstanding all this, no means were taken to carry out the recommendations for the improvement of the public hygiene, and even now, although the cases are of the most virulent and alarming nature, and some of the sufferers are in abject poverty, we are informed that no attempt has been made to relieve them or administer to any of their requirements.

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Cholera in Ireland.—Cholera of a very malignant type has broken out at a place called Calinconlish, in the county of Limerick.

The disease also broke out on the 21st of February, at Kanturk. It first appeared in the Union Workhouse, from, as the guardians think, the inmates getting water in lieu of milk, sweetened with sugar, and Indian-meal gruel, for breakfast. In the filthy localities outside of the workhouse it has assumed a most virulent type, and committed great ravages. Since the 21st ult. there have been thirty cases in the workhouse, and twelve in the town. Of the former fourteen, and of the latter eight, proved fatal. Last week a poor woman was brought to the workhouse in the last stage of the disease, and died within an hour. She was found dying on the road, but such is the dread of the disease that no one would admit her into their house. The characteristic type of the disease is, that the patient does not suffer from spasms or cramps, but is carried off in a few hours, and in some cases in less than an hour. When the abject wretchedness and squalid misery of the people are considered, it cannot be a matter of surprise that they are afflicted with so direful a disease. In the most wretched hovels, called cabins, young and old of both sexes to the number of fifty sleep huddled together, while their daily and in many instances only diet, consists of raw turnips, as they cannot even procure fuel.

The Cork *Examiner* states that "the disease, so far as the town is concerned, rages chiefly in the district called Bluepool, a number of mud cabins, extending to a considerable distance on the road to Cork. At the period of the late flood, these low-lying habitations were completely inundated, and their wretched occupants, being unable to purchase the luxury of fire, have been since labouring under the misery which damp and mouldy walls generate—a fitting precursor for cholera. But there is another matter connected with these habitations to which we deem it our duty to call the attention of the Committee. As we passed through them we observed, opposite almost every house, the old evil of the Irish cabin, the dungheap—some in a solid, some in a half liquid state; but all reeking up an offensive effluvium, if not calculated absolutely to generate cholera, certain at least to increase its ravages."

The following report by Dr. Barry will show the progress of the disease in the Kantuck poorhouse from its first appearance up to the present date: "No case of cholera has appeared in the house since the 20th inst. The total number affected, from the commencement of the outbreak up to this date, was 45; the deaths were 21; six were discharged cured; and 18 remain as convalescent. Of external cases received into the hospital there were 27; of whom 13 died; 6 were discharged cured, and 8 were convalescent; thus making the total number of cases treated in the workhouse hospital 72; the deaths, 34: and remaining under treatment, 26. I have strong hopes that these will recover, with the exception of one patient, who had suffered from severe premonitory symptoms during the consecutive fever. Since the 21st inst. 2 cases have occurred in the town, and Dr. O'Neil, whose appointment to the Cholera Hospital I mentioned some time since, is, I am happy to say, completely convalescent, after a very severe attack of the epidemic. The entire number attacked up to the present, including the town cases and those of the workhouse, was 129, of whom 51 died, 12 were cured, and 66 remain under treatment." The reports from the north are altogether favourable. Belfast is quite free from cholera. Some cases had occurred at Larne, but there, too, all traces of the disease have disappeared, and a similar account comes from Carrickfergus, where but a few days since it was feared that the pestilence had taken firm root. In Cork, unhappily, cholera still shows itself in isolated cases. One of its first victims of any note has been Captain William Henry Hopkinson, of the 62d Regiment, who died at Fermoy barracks, after an illness of but six hours' duration, accompanied by intense agony.

Some cases have been reported in the country districts, as also three cases in the workhouse at Mallow.

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Cholera in Scotland.—Cholera is again prevalent at Glasgow. On Saturday week there were 10 deaths from it in the city parish, and 5 in the barony parish; on Sunday, 16 in the former, and 11 in the latter; on Monday, 10 in the former, and 6 in the latter; and on Tuesday, 14 in the city parish. The following statement shows the progress of the disease in Glasgow during the past week: City parish cases, 280; deaths, 94; barony parish cases, 118; deaths, 49. Gorbals and Govan (Thursday), 3 cases. At the latest accounts the disease was committing great ravages; 1,200 had occurred. The disease appeared with great virulence at Chapelhall and Calderbank, near Airdrie, on Saturday. The fury of the disease was chiefly concentrated in the latter place; from Saturday morning till the forenoon of Monday there were not less than 30 cases and 9 deaths. The disease still continues in Airdrie and vicinity with considerable severity. At Falkirk, likewise, the epidemic has broken out with severity. The first case took place on Thursday week; and from that time until Wednesday evening 9 cases had occurred, of which 6 had proved fatal. "In the most of these," says the *Falkirk Herald*, "the dwellings occupied by the victims were exceedingly filthy."

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Is Cholera Contagious?—The special direct evidence alleged in favour of the contagious nature of cholera, consists of three classes of facts. The first is, that in a vast majority of the instances in which the introduction of the disease into a town, or smaller community, has been traced to human intercourse, the seeming vehicle of the infection has been a person or persons actually infected with the disease. The second is, that persons who have washed or handled the clothes, linen, or bedding of cholera patients, have frequently themselves become affected. The third class of facts is constituted by the attacks of the disease experienced by nurses and other attendants of the sick. The evidence of the first kind is clearly not conclusive. With regard to the second, our information, when analyzed, is found to afford very scanty evidence of a satisfactory kind, in favour of the theory of contagion. With regard to the third, it is conceded, that there are instances recorded of the seeming communication of the disease, more readily explicable by the theory of contagion, than on any other principle. But we have no evidence that is conclusive. The question, whether contagion is an occasional cause of the propagation of the disease, is therefore left in doubt. It may be, that more extended observations will prove that all the above classes of facts are usually due to a contagious property of the disease; but even then the evidence will only show that the human body forms one nidus for the reproduction of the poison; that contagion bears a small part in the propagation of the epidemic; that comparatively few persons are susceptible of its influence, and that by proper sanitary precautions it may be almost entirely disarmed of its power.—Dr. Baly's *Report on Cholera.*

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Pathology of Cholera.—Some authors have referred the morbid changes to a *catarrhal condition*, others have regarded the disease as a form of *serous hemorrhage*, and the Berlin pathologists, whose attention was particularly arrested by the occurrence of amorphous granular fibrin in and upon the affected surface of the mucous membrane, designate it a *destructive diphtheritic inflammation.* We believe that for the present such generalizations, however plausible, are of little value, and that we arrest inquiry by their adoption. The depression of the capillary power—the extreme exhaustion of the great ganglionic nerves centres in the abdomen—the passive character of the lesions of the mucous membrane—its normal action being reversed to a fatal exosmosis—are peculiar to cholera, and give it an individuality which forbids our merging it for the present in any general category.—Dr. Gull's *Report on Cholera.*

Cost of Cholera in Newcastle-upon-Tyne.—Mr. J. B. Hume, the Chief Commissioner, from evidence that had been laid before him, has made a calculation that the epidemic has cost the town 3,800*l.* for medicines and burials alone, and would cost it nearly 50*l.* a week for eight years to support the widows and destitute—nearly 30,000*l.* In addition to this sum, he said, some thousands of pounds had been collected and distributed by the vicar. There are also 200 benefit societies in the town, and taking the average loss at 500*l.* each, made 10,000*l.* more.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

American Medical Association.—This association will hold its meeting for the present year at St. Louis, commencing on Tuesday, May 2. We trust that the number of delegates will be large, and feel confident that, as usual, the meeting will be agreeable and harmonious. In our next No. we hope to present a summary of the proceedings.

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Medical Society of the State of Pennsylvania.—The annual meeting for 1854, will be held in the borough of Pottsville, Schuylkill Co., commencing on Wednesday, May 31, at 11 o'clock A. M.

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Lehigh County Pennsylvania Medical Society.—A County Medical Society has recently been organized in Lehigh County, Pennsylvania.

The following are the officers and members:—

President—Charles H. Martin, M. D.
Vice-President—Thos. B. Cooper, M.D.
Rec. Sec.—David O. Mosser, M. D.
Cor. Sec.—P. S. Leisenring, M. D.
Treasurer—Tilghman H. Martin, M. D.

Members.—Drs Chas. H. Martin, P. S Leisenring, David O. Mosser, Tilghman H. Martin, F. B. Martin, H. O. Wilson, Saml. Wilson, Thos. B. Cooper, Walter W. Walter, Wm. Koehler, John H. Dickenshied, Henry P. Haberacher, Chas. E. Hoffman.

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Medical Graduates in 1854:—

University of Pennsylvania . . .	171
Kentucky School of Medicine . .	29
Rush Medical College	36

Medical Students—Session 1853-54 :—

University of Pennsylvania	463
Starling Medical College	95
Cleveland Medical College	142

OBITUARY RECORD.—Died, in Boston, on the 18th March, 1854, in the 70th year of his age, GEORGE C. SHATTUCK, M. D. Dr. S. was an eminent practitioner, a most liberal patron of science, and a useful citizen. One of his latest donations was for the purpose of establishing a professorship in Harvard University.

Died, in Pittsburg, on the 12th of March, after a lingering illness, WM. MCKENNAN MORGAN, in the 32d year of his age. Dr. M. was formerly Resident Physician to the Pennsylvania Hospital, where his attainments, his exalted aim in his profession, and fidelity in the performance of every duty, joined to his kind manners and social virtues, gained for him many warm friends. In Pittsburg, where he established himself for the practice of medicine, he had already acquired professional distinction, and his friends will long lament his loss.

FOREIGN INTELLIGENCE.

Treatment of Varicocele by the direct Cauterization of the dilated Veins.—M. GAILLARD, of Poitiers, has just published, in the *Gazette Médicale de Paris*, a case in which he cured his patient by a very ingenious and safe operation. The subject was a young man eighteen years of age, who was very anxious to get rid of the deformity, as it prevented him from entering the army. M. Gaillard, not being satisfied with the operations of Breschet, Velpeau, or Vidal. thought that he should endeavour to fulfil the following indications:—

1. To obtain the obliteration of the dilated veins without any danger of phlebitis. 2. To include all the veins of the cord, to prevent a relapse. 3. To avoid with certainty the vas deferens and the spermatic artery. 4. To obtain a symmetrical cicatrix, owing to the peculiar situation of the patient.

To obliterate the veins, M. Gaillard resolved to use Canquoin paste;* and to fulfil the other indications, he proceeded as follows:—

An incision, about three inches long, was made from the ring to the scrotum, and the cord laid bare; the latter was then raised upon a spatula, by tearing the cellular connections existing posteriorly with the sheath. M. Gaillard now dissected the different parts of the cord from each other. (One of the veins was much hypertrophied, and adhered to the vas deferens; much care was required to isolate that vein.) The vessels were thus separated from the vas deferens and the spermatic artery to the extent of one inch. The two latter portions of the cord were then pushed backwards, and kept out of harm's way by small pledgets of lint. Little strips of linen were now passed under the veins, and between the latter and the former a thin plate of lead was glided, on which was spread a thin layer of the cauterizing paste, the latter not, however, reaching the margins of the plate. This plate was then folded over the venous mass, which was thus surrounded and compressed by the sheet of lead, the ends of which were brought over one another, or, as it were, imbricated. The strips of linen, first passed under the veins, were then brought over the plate to maintain the latter *in situ*, and the whole secured by a thread.

M. Gaillard states that his patient was thus radically cured without a bad symptom; the cicatrix was linear, and hardly perceptible; and when the young man applied again to the military authorities, he was admitted into the service.—*Lancet*, March 25, 1854.

Death from Chloroform.—An inquest was held last Saturday at Sheffield, respecting the death of a Mrs. Harrop, which occurred while under the influence of chloroform, administered to her during the removal of the left breast. The jury gave a verdict, that death resulted from spinal apoplexy and disease of the heart —*Med. Times and Gaz.*, March 4, 1854.

The Topography and Climate of the Danubian Principolities.—Moldo-Wallachia, the seat of war between the Turks and the Russians, is situated in a sinus formed by the Carpathians and the Balkan, great mountain ranges which meet at the western zone, and leave this country widely open to the east and the southeast. The climate is peculiar. Although between the parallels 43° and 46° north latitude, heat and cold never attain their maximum but by an intermediate gradation; these provinces, so situated, know neither spring nor autumn, winter and summer succeeding one another in rapid and inappreciable transitions.

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* Chloride of zinc, two parts; chloride of antimony, one part; flour and water, in sufficient quantities.

Towards the end of November, a sharp, dry, cutting wind, the "krivaz," blows from the northeast; under it the leaves die and fall in a few days; then there suddenly succeed hoar-frost, falls of snow, and ice; in short, the winter has commenced. The cold continues throughout the season 20° to 25° R., and about 40° below freezing of Fahr.

The spring commences in March with the southeast wind. Its appearance is so sudden, that in less than fifteen days, the trees charged with hoar-frost become covered with flower. During the summer, which comprises the months of May, June, July, August, and September, the heat is excessive, almost intolerable. From midday till three or four all work is suspended, and the inhabitants sleep or drink doult-chaz, a mixture of cherry and water. After sunset the temperature falls 15° to 20°. The atmosphere is more refreshing, but it is charged with miasmata and humidity. The autumn, a season as short as the spring, comes in with thick fogs and torrents of rain; a perfect cloud of water falls upon the earth; nevertheless, about midday the sky becomes clear and the sun shines.

The plain of Moldo-Wallachia is most productive; a thick layer of humus lies upon a sandy, calcareous, or clay substratum. Here and there are marshy districts in which feed troops of buffaloes.

The mountains are formed of gypsum, red sandstone, grit, and marble. In some, the Sakoïéni, the Gorge, the Moutchélon, there are inexhaustible mineral riches. Pit coal, slate, black agate, iron, lead, copper, manganese, tin, mercury, silver, gold, are found at every step; and, wonderful to say, the natives live among such riches without exerting themselves to derive profit from them.

Multitudes of fine rivers flow from the mountains to the Danube, which, when the snows melt, overflows its banks and deposits a thick and prolific sediment. Every kind of grain and fruit is produced in abundance; potatoes, wheat, etc. etc.; ananas; the vine grows in the open air, and produces a strong wine. The ox, the goat, the pig, Abyssinian sheep, the buffalo, and every kind of game and wild bird are in abundance, and thrive greatly.

The Moldo Wallachian peasant is a pattern of sobriety. The Boyards, however, enjoy better fare, and live more freely. The towns are ill-built. Even in Bucharest, Giurgevo, Orsova, and Galatz, the streets are narrow, sinuous, humid, and dark, and the passenger walks in a sea of mud. Jassy is the only town which possesses a pavement and lamps.

The population amounts to not more than 3,200 000 inhabitants, exclusive of 150,000 Zigans (Bohemians). There are certain districts which are very unhealthy, such as about Galatz, Marchini, Hirsova, and Ismail. In spring, after the subsidence of the waters, with the first rains, there appear dangerous intermittent fevers and dysentery; and among the inhabitants of the plains, anasarca, swollen abdomen, enlarged spleen, and precocious senility, are common occurrences. But in consequence of the general abstemious mode of living, gout, gravel, and pneumonia are almost unknown. The plague has made many irruptions from Constantinople, and there is a regular quarantine of 4 to 20 days, according to season, established along the Danube. The intermittent fevers yield to quinia, but the natives have a faith in charms and amulets, etc.—*Gazette des Hôpitaux*, Feb. 21, 1854.

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The Masserandura, or Milk-tree.—In the virgin forests on the banks of the Amazon we remarked some trunks much notched by persons who had been extracting the milk. The tree is one of the noblest in the forest, rising with a straight stem to an enormous height. The timber is very hard, fine-grained, and durable, and is valuable for works which are much exposed to the weather. The fruit is eatable and very good, the size of an apple, and full of a very rich and fruity pulp. But, strangest of all is the vegetable milk, which exudes in abundance when the bark is cut. It has about the consistence of thick cream, and but for a slight peculiar taste could scarcely be distinguished from the genuine product of the cow. Mr. Leavers, a friend with whom we were staying, a mill-owner, ordered a man to tap some logs that had lain nearly a month in the yard. He cut several notches in the bark with an axe, and in a minute the rich sap was running out in quantities. It was collected in a basin, diluted with water, strained, and brought up at tea-time and at breakfast next morning. The peculiar flavour of the milk seemed rather to improve the quality of the tea, and gave it as good a colour as rich cream; in coffee it is equally good. A custard was made of it, and, excepting its dark colour, tasted and looked well. The milk is also used for glue, and said by carpenters to be very durable. Of its capability in this line. Mr. Leavers showed us the belly-board of a violin formed of two pieces, which he had glued together two years previously, and which, although in daily use, was perfectly good and sound. As the milk hardens by exposure to air, it becomes a very tough, slightly elastic substance, much resembling gutta percha, but, not having the property of softening by warmth, is not likely to become so useful as that article of modern discovery.—*Travels on the Amazon and Rio Negro in* 1848, by Alfred R. Wallace.

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Excess of Females in Great Britain.—The number of the male population of Great Britain, excluding those absent in foreign countries, is 10,223,558, and the female population 10,735,919; consequently the females are in excess of the males by 512,361, or as many as would have filled the Crystal Palace five times over; how many of these were spinsters cannot be known until the second portion of the Census is published. The proportion between the sexes in 1851 was 100 males to 105 females, or about the same as in 1801. The births during the last 13 years give a reversed proportion, viz., 105 boys to 100 girls. How much the change in the proportions, and the subsequent disparity of the numbers in the two sexes, is due to emigration, or to a difference in the degree of the dangers and diseases to which they are respectively exposed, will be discussed when the numbers of males and females living at different periods of life are compared. The disparity in the proportions of the sexes is greatest in Scotland, there being no less than 110 females to 100 males in that country.—*Cheshire's Results of the Census.*

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Homœopathy.—"If we may judge by our library table (says the *Athenæum*), homœopathy is not in 1854 what it was in 1851. However frequently new delusions arise to occupy the human mind, there is a sure and inevitable law by which the old ones die. Homœopathy is evidently hastening towards that limbo of forgetfulness into which table-turning and spirit-rapping have within the last few months been so hastily precipitated, and where faith in witchcraft, hobgoblins, astrology, alchemy, and the great sea-serpent has gone before."

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Obituary Record.—Died, in Paris, on the 23d of March last, of apoplexy, in the 74th year of his age, Professor Roux, the Nestor of French surgeons, and one of the most illustrious surgeons of the day. He has been removed from the field of his labours whilst actively engaged in his numerous duties, in the fulness of an active professional life, in the midst of important literary undertakings, and while punctually attending to his wards at the Hôtel Dieu, as he had done for the last quarter of a century.

His funeral took place on the 26th of March, the greatest respect being paid to his memory by all the distinguished men of the French capital, and a considerable number of medical students, among whom M. Roux was a great favourite.

Died, lately, at St. Petersburg, Sir James Wylie, for a long time Chief Physician at the Russian Court. Sir James was born in Scotland, in 1768, and entered the Russian service in 1790; was appointed Physician to the Imperial Court in 1798; Surgeon in Ordinary to the Emperor Paul, and Physician to the Heir Apparent in 1799; Director of the Medical Department of the Minister of War in 1812; Physician in Ordinary to the Emperor Alexander in 1814; and, lastly, Inspector-General of the Board of Health in the Russian Army. He was also President of the Russian Medical Committee of the Minister of War; Director of the Russian Medical Department of the Imperial Court; and a Privy Councillor of the Czar. Sir James Wylie was knighted at Ascot-heath Races, in 1814, by George IV., then Prince Regent, and was subsequently created a baronet at the request of the Emperor Alexander, on his departure from England. The wealth of the deceased is stated to have been very considerable, and that he has bequeathed the whole of it to the Emperor Nicholas.

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CLINICS.

Statistical Report of the Principal Operations performed during the Month of February, 1854, *in the London Hospitals.*—The Hospitals included in the following report are, University College, King's College, St. George's, St. Bartholomew's, Guy's, St. Thomas's, the Middlesex, the London, the Westminster, the Charing-cross, St. Mary's, the Metropolitan Free, and the Central London Ophthalmic.

Lithotomy.—Mr. Cock's case, reported last month (*Case* 2), has done well. The man has left the Hospital, but the wound was not quite closed at the time of his discharge. A perineal fistula had existed before the operation, into the track of which the incision was made. (See last month's report in No. for May, p. 77.)

Number of cases, 2; both recovered. *Case* 1. A boy, aged 12, from whom a calculus, the size of a walnut, was removed, in King's College Hospital, by Mr. Partridge. He recovered well, and the wound was healed in about a fortnight. *Case* 2. A boy, aged 6, operated on by Mr. Birkett, in Guy's. A good recovery has been made, but the process of healing was slow, as the boy was in delicate health.

Herniotomy.—Two of the cases reported last month have recovered. In *Case* 7, the patient has died, the recovery, however, as far as it concerned the operation, was complete. The wound had all but healed; the woman appeared in good health; and her bowels acted regularly. One morning, three weeks after the operation, she was suddenly attacked by dyspnœa and faintness, about an hour after which she died. The only lesion discovered at the *post mortem* was, extreme congestion of the lungs (pulmonary apoplexy). *Case* 10 is yet under treatment; at one period the wound was healing, but it has since been affected with sloughing.

Number of cases, 3; under treatment, 1; died, 2. *Case* 1. A femoral rupture in a woman, aged 57; under the care of Mr. Luke, in the London Hospital; strangulation, 7 hours; sac not opened; is doing

Published monthly by BLANCHARD & LEA, Philadelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage to the subscriber.*

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well. *Case* 2. A congenital hernia, of large size, in a man aged 25. Strangulation 6 hours. There was, on the side of the protrusion, an undescended testicle, by which the intestine had been prevented from coming down into the scrotum, and so turned back that it had forced its way round the border of the conjoined tendon, and passed upwards between the abdominal muscles as high as the level of the umbilicus. The sac was opened in the operation, and about 22 inches of intestine exposed and returned. Death ensued about 60 hours afterwards, and at the *post mortem* a large quantity of extravasated blood was found in the peritoneum, having resulted from a small wound of the mesentery. There was very little peritonitis, and death had evidently resulted from the hemorrhage. *Case* 3. A femoral hernia in a woman, aged 54; strangulation, 4 days; sac not opened; death, from collapse, 30 hours afterwards. The *post mortem* showed but very little peritonitis; the strangulated part of intestine, although not gangrenous, had evidently not regained full vitality.

Trephining of the Skull.—This operation has been done in one case in which, although there was no fracture, the symptoms of compression were well marked. The patient was a young man, aged 23, who had fallen from a height on to his head. The trephine was applied beneath the part where the violence had been inflicted, in the hope of finding extravasated blood between the dura mater and skull; none, however, was discovered. Venesection was also practised, but without any relief to the coma. The man died a few hours afterwards; and, at the *post mortem*, a quantity of effused blood was found on the opposite side of the head; there was also a chink-like fracture extending across the base of the skull.

Ligature of Arteries.—Mr. Skey's case, in which the external iliac had been tied, is doing well. The ligature came away on the sixteenth day, and there has since been rather profuse and deep seated suppuration from the wound; it is now abating, and the man's health is good.

During the month there have been performed: Ligature of the external iliac, on account of aneurism of the femoral beneath Poupart's ligament, by Mr. Solly, in St. Thomas's Hospital. The patient is a man aged 30, by trade a mason, apparently in good health, but who has extensive disease of the arterial system. On the right side (operated on) are a popliteal aneurism, and also one of the femoral high up; on the left the femoral is somewhat dilated at the same point. With the exception of a little venous oozing of blood, and considerable deep-seated suppuration, the man has done well since the operation. The ligature came away on the 26th day. Ligature of the femoral artery was performed by Mr. Haynes Walton, in a case of popliteal aneurism, in St. Mary's Hospital, previously under treatment by compression. The man has recovered and left the hospital.

Compression Treatment of Aneurism.—Mr. Hilton's case remains under treatment. He was allowed for a week to walk about the ward, and compression was suspended. The tumour, however, gained in size, and the compression has been again commenced, with an improved instrument. Mr. Coulson's case remained under treatment by compression through the whole of February, but ligature of the femoral has since been practised, as its progress was not satisfactory.

Amputations.—All the cases left under care, by last report, are either recovered or doing well. There have been performed during the month, 13; under treatment, 8; died 5. Of the *thigh*, 5. *Case* 1. On account of disease of the knee-joint of thirty-three years' standing, in a woman aged forty-nine, under the care of Mr. Stanley, in St. Bartholomew's Hospital. The operation was by the flap method, and the patient was in fair health; excepting much irritability of stomach, she did fairly until the sixth day, when suddenly a severe rigor occurred, followed by extreme prostration, rapid gangrene of the stump, and death six hours afterwards. *Case* 2. A boy aged 12, under Mr. Stanley's care, for acute disorganization of the knee, consequent on an injury received two months before; amputation in the lower third of the thigh; recovery. *Case* 3. Secondary amputation of the thigh, after severe compound fracture of leg. The operation was done on the 6th day after the accident, and had been necessitated by phlegmonous erysipelas of the limb. The man rallied very imperfectly, and continued ever after in a very feeble condition; death took place on the 6th day, and at the *post mortem* granular degeneration of the kidneys and fatty liver were found. *Case* 4. A boy, aged 14, under the care of Mr. Fergusson, in King's College Hospital, on account of necrosis of the whole tibia, the knee-joint being also involved in disease. Mr. Fergusson amputated at the knee-joint, and cut away the condyles of the femur. The stump is almost healed. *Case* 5. Amputation in the lower third of the thigh for diseased knee-joint, by Mr. Macmurdo, in St. Thomas's Hospital. The patient, a man of middle age, and in extremely bad health, is doing well. Of the *leg*, 7. *Case* 6. Secondary amputation of the leg of a child aged 5, by Mr. De Morgan, in the Middlesex Hospital. Secondary hemorrhage, with sloughing, had occurred. Amputation in the upper third was performed on the 10th day; recovery. *Case* 7. Secondary amputation of the leg of a very intemperate cabman, aged 49. The compound fracture was a most severe one, and a primary operation would have been done if the patient had consented; it became absolutely necessary on the third day. Delirium tremens came on; gangrene attacked the stump, and extended to the thigh, and afterwards to the trunk. Death took place five days after the operation. *Case* 8. Amputation in the middle third, on account of diseased tarsus, by Mr. Cock, in Guy's Hospital. The patient was in fair health, a woman aged 22, and is doing well. *Case* 9. An old man, whose leg was amputated in the upper third for disease of the bone, with a large sloughy ulcer, died on the sixth day from secondary hemorrhage; his arteries were found much diseased. *Case* 10. A boy, aged 15, whose leg Mr. Erichsen had amputated in University College Hospital, on account of a compound fracture, died on the eighth day from tetanus. The operation was primary, and the boy had done well until within thirty-three hours of his death; the tetanus appeared to be excited by severe bruises on the other leg, rather than by the condition of the stump; the latter was doing well, and all the pain was referred to the former. *Case* 11. In King's College Hospital, Mr. Fergusson removed the lower two inches of the tibia and fibula, on account of carious disease of the latter, in a case on which amputation at the ankle-joint had been performed about two months previously. *Case* 12. In the Westminster Hospital, Mr. Holt amputated the leg of a man on account of disease of the tarsus, on whom excision of a considerable portion of the os calcis had been practised three months before. Of the *arm*, 1. *Case* 13. Mr. Coulson has amputated, in St. Mary's Hospital, the hand of a man, in whom the member had become useless from contractions, the result of old injuries. All the above cases yet under treatment are doing well.

Excision of Bones and Joints.—Mr. Erichsen's case of excision of the head of the femur is yet under treatment. The boy suffers much from profuse suppuration. Two cases in which Mr. Cock had removed carious bone from the tarsus have been discharged, but in neither was the cure yet complete. In Mr. Holt's case, as stated above, amputation has been performed. Two cases under the care of Mr. Cock, Mr. Solly's cases, Mr. Adams's cases, and Mr. Statham's case, in all of which excision of carious tarsal bones had been performed, are under treatment, as also several others of more or less similar nature. During the month, there have been performed: Excision of the knee-joint, by Mr. Erichsen, in University College Hospital. The patient is a boy aged 7, who had suffered from diseased knee for more than a year. The operation was performed a month ago, and the patient is doing well. Excision of the elbow-joint, and also of the ankle-joint, on patients under Mr. Fergusson's care, in King's College Hospital. Removal by excision of almost the whole of a necrosed os calcis, leaving in most parts a shell of bone. The patient, a lad aged 15, under the care of Mr. Birkett, in Guy's Hospital, had suffered from the disease (which followed a sprain) for eight months. The wound is fast healing. Gouging out of some carious bone from the inner aspect of the tibia, immediately above the internal malleolus, by Mr. Paget, in St. Bartholomew's Hospital.

Removal of Necrosed Bone.—Several cases of this class have been operated on, and remain under care, together with those previously reported.

Excision of Malignant Growths.—Mr. Erichsen's patient, from whose orbit a melanotic tumour had been removed, made a good recovery, and was quite well as regards the operation. He was about to be discharged from the Hospital, when an apoplectic seizure occurred, and ended fatally. Secondary deposits of melanosis were found in the liver, but the disease had not reappeared in the orbit. The other cases previously reported may all be considered well.

In two cases in King's College Hospital, in which the mammary gland had been previously excised on account of scirrhus, Mr. Fergusson has performed operations for the removal of secondary growths in the axilla; both have done well. In a case in the London Hospital, Mr. Adams has removed the breast on account of scirrhus; the patient is nearly well. In a case in St. George's, a woman, aged 32, had excision of a scirrhous breast performed, and died on the 10th day, with symptoms of pyæmia. In St. Mary's Hospital, Mr. Lane removed an ulcerated epithelial cancer, involving almost the entire lip of an old man, at the same time making incisions so as to permit of the parts being brought into apposition. In a case in St. Bartholomew's, under the care of Mr. Paget, a large portion of the lower lip has been excised on account of epithelial cancer; and in another, under the care of Mr. Stanley, the penis was amputated for the same disease. A second operation has been performed by Mr. Quain, on a patient from whom, two months ago, he removed the eye, on account of a doubtfully malignant tumour. The disease had reappeared in the bottom of the orbit. The patient is a delicate-looking girl, aged 6. From a woman, aged 56, now in St. Bartholomew's, Mr. Paget has removed a large ulcerated mass of primary scirrhus cancer from the axilla. The growth extended so deeply that a small portion of it was unavoidably left; the wound is, nevertheless, healing well. In the Middlesex Hospital, Mr. De Morgan removed an epithelial cancer from the tongue, by means of ligature. The growth was situated so far back, that it was necessary to apply the ligature from beneath the jaw. Excepting that there is a suspicious degree of induration about the cicatrix, the case has done favourably. A case of primary chimney-sweeps' cancer of the scrotum has been operated on by Mr. Paget, in Bartholomew's. It was remarkable, that there were two distinct growths, both of them ulcerated, one on each side of the lowest part of the scrotum. The man recovered well.

Excision of Non-Malignant Growths.—The patient from whom Mr. Fergusson had excised a large colloid tumour from the calf, has been discharged well. Mr. Cock's case of large polypoid tumour in the pharynx remains under treatment. In Guy's Hospital, Mr. Birkett has removed a mammary glandular tumour, weighing three pounds, from the breast of a married woman, aged 25, in whom it had been growing during three pregnancies. Mr. Birkett has also operated on the following: A girl, aged 18, for two keloid growths on the skin of the chest, of seven months' duration. These were afterwards examined with the microscope, and found to consist of fibrous tissue, with some peculiar dark cylindrical bodies, which refracted transmitted light in a remarkable manner. A married woman, aged 48, for a tumour, composed of mammary glandular structure, cysts, and intra-cystic growths, which was of four months' duration. The patient had been operated on by Mr. Birkett nearly two years ago, and a small mammary glandular tumour of well-marked character, and without cysts, removed. The second growth had been formed beneath the cicatrix of the former one; the woman appeared in good health. Several cases of encysted and fatty tumours, one of epulis, and two of thickened bursæ, have been successfully operated on. An exostosis, of considerable size, removed by Mr. Paget, in St. Bartholomew's, from the lower border of the scapula of a boy, who has since recovered.

Operations for Urethral Stricture.—Cases of perineal section, by Mr. Fergusson, Mr. Partridge, Mr. Cock, Mr. De Morgan, and Mr. Coulson, remain under treatment in their respective Hospitals. The patients are, in all the cases, out of danger, and doing well. The operation has been performed during the month by Mr. Partridge, in King's College Hospital, on a patient who had suffered from stricture and perineal fistula for many years. The wound is almost healed. In a second case, by Mr. De Morgan, in the Middlesex Hospital. The patient had been for years under treatment by dilatation, with great tendency to recontraction. At the operation, a small child's lithotomy staff was passed through the stricture, and the incision made upon it. The man is doing well.

Paracentesis Thoracis.—This operation has been performed three times during the month, in each instance on patients who have been previously subjected to it. (For details respecting these, we must refer our readers to the series of empyema cases which will shortly be resumed.)

Paracentesis Abdominis.—In 4 cases, 3 for ascites and 1 for ovarian disease, all recovered.

Tracheotomy.—A child, aged 4, was admitted into the London Hospital, having five hours previously attempted to swallow some boiling water. Leeches were at first applied, but the dyspnœa increasing, and having become very urgent, Mr. Wordsworth performed trachetomy about an hour after its admission. Great relief was afforded, but after some hours the difficulty of breathing returned, and death took place fifty hours after the operation. The *post mortem* showed charring of the glottis and epiglottis, collapse of parts of the lung, but no extension of inflammation to the latter.

Ligature, etc. of Nævus.—In a case in the London Hospital in which a very large and thick nævus spread over part of the shoulder and upper arm of an infant, had ulcerated, and was rapidly increasing, Mr. Ward adopted the plan of treatment by the uninterrupted ligature. He made an incision through the skin all round the tumour, and then tied the latter in five compartments. The whole sloughed off on the third day, and a perfect cure has resulted, there being no remains whatever of vascular structure. In a case at Guy's Hospital, Mr. Hilton has twice injected a nævus on the lip of a child with solution of perchloride of iron. The tumour has become harder, but the vascular character of its border still exists to a certain extent. Mr. Erichsen has operated by ligature on a large irregular nævus, involving the labium, perineum, and verge of anus of a female infant. The case remains under treatment. Three cases have been operated on by ligature, in King's College Hospital, by Mr. Fergusson, and are doing well.

Fistula in Ano.—No cases in this class require especial notice, excepting one at University College, in which Mr. Marshall has operated by means of the galvanic cautery. Several other operations have been performed in the ordinary way, and remain under treatment. In a case in the Middlesex Hospital, Mr. Moore has divided the sphincter ani on account of a troublesome fissure of the side of the anus. The wound is almost healed.

Operations for Ununited Fracture.—In Mr. Paget's case, in which setons had been introduced between the ends of the bones (forearm) with little appearance of benefit during the first two months, much consolidation has since taken place, and there now seems reason to hope that union may yet become firm. In the other case in St. Bartholomew's (the humerus), in which the ends of the bones had been exposed and cut away, no benefit seems likely to ensue. The man has had an outbreak of tertiary syphilis during his convalescence.

Plastic Operations.—We were in error, last month, in stating, that, in Mr. Paget's case of *ruptured perineum*, the sphincter ani had not been involved, since the laceration had extended quite through that structure. The woman has now recovered, and the result is most satisfactory; she has command over her feces, and the perineum, which appears strong and firm, is nearly an inch in length. Mr. Pollock's cases of vesico-vaginal fistula, in St. George's, and Mr. Baker Brown's, in St. Mary's, remain under treatment. *Harelip.*—Mr. Fergusson has operated successfully on three cases of single harelip, in King's College Hospital. In a case in the Middlesex, of large aperture remaining after a cut throat, Mr. De Morgan has this month performed a second operation. A large flap of skin from the side of the neck has been transplanted, so as to cover the aperture; with the exception of a small portion, it has united well, and a small chink is now all that remains.

Tenotomy.—The cases in St. George's and Guy's, under the care of Mr. Hawkins and Mr. Birkett, remain under treatment. In University College Hospital, a case of talipes valgus has been operated on by Mr. Erichsen, and is under process of treatment.

Operations for Cataract.—Extraction.—One, successful, under the care of Mr. H. Walton, in the Central London Ophthalmic. *Solution.*—One, by Mr. Wharton Jones, in University College Hospital; and two, by Mr. Walton, in the Central Ophthalmic; all progressing favourably.

Orbital Tumours.—In Guy's Hospital, Mr. Cock removed, from the lower margin of the orbit of a boy, an encysted tumour, which extended a little inwards. Mr. Walton operated, in the Central Ophthalmic, on what appeared to be an encysted tumour on the edge of the orbit, but which was found to extend very deeply into the orbit, and contained a very large quantity of sebaceous matter. It was believed that the entire cyst was extracted, and the wound healed well. The tumour had been observed soon after birth; the child was now aged 4 years.

Ectropium.—Two cases have been operated on, and with much benefit in each.—*Medical Times and Gazette*, March 25, 1854.

CHOLERA.

Document from the English General Board of Health.—The following extracts are from an elaborate document, issued on the 17th of April, 1854, from the General Board of Health, Whitehall:—

"The modifications in its character which the pestilence has recently exhibited are of a nature to render it doubly necessary that the first indications of its appearance in a locality should be vigilantly watched. In the majority of the places which it has hitherto attacked it has seized its victims more suddenly, and hurried them through its fatal course with greater rapidity than on any preceding visitation.

"One stage of the disease, formerly well marked, and of the utmost value with reference to the opportunity afforded for the application of the means of prevention, is now generally much shorter in duration, and often even suppressed—namely, that denoted by the term 'approaching cholera.' Premonitory diarrhœa does still indeed exist, but that also is commonly of shorter duration, and passes more directly and rapidly into cholera, and cholera itself into collapse.

"During its first visitation, in 1831 and 1832, the attacks of the epidemic, with few exceptions, were confined to the poorer portions of the population residing in the most neglected and unhealthy districts. In 1848 and 1849, it was fatal to larger numbers of the middle classes inhabiting better-conditioned localities and houses. As far as the disease has yet advanced, the proportion of the better class attacked is still greater than in 1849.

"In that year, among the total number of persons who perished by the epidemic in the metropolis, 81 per cent. were labourers and artisans, and 15 per cent. were tradesmen; but in the places in which the disease has lately prevailed, the proportion of deaths among labourers and artisans has been only 72 per cent., while the mortality amongst tradesmen has reached 24 per cent. In like manner, in the epidemic of 1849, the proportion of the deaths of the gentry and professional persons to the total deaths was 2·6 per cent., but recently it has risen to 3·2 per cent. In other countries the disease has not spared the highest classes, and if the safeguards against it are neglected, there is no reason why it should in our own.

"It is further indicative of an increasing activity and intensity in the pestilence that, while the interval between its first and second visitations was sixteen years, the interval between its second and third visitations has been only four years; and that its second visitation was far more extensive and mortal than the first. In the absence of more efficient precautions against it, there appears no reasonable ground for the expectation that the third will be less extensive and mortal than the second.

"One consequence of the neglect of the proper period of preparation is, that in the actual presence of the epidemic, some of the most powerful predisposing causes of the disease cannot be removed without the risk of increasing the evils intended to be remedied. Cleansing operations, which at all times require caution, are then hurriedly and precipitately resorted to, and are sometimes performed in such a manner as to produce positive aggravation of the disease. In some instances cesspool matter has been discharged even into the kennels of the streets, and the contents of foul ditches, in a state to give off poisonous exhalations on the slightest agitation, have been spread on the banks close to the habitations. The board deem it necessary again to caution local authorities against such a culpable mode of proceeding, which even in ordinary seasons would be attended with imminent danger; but that danger is greatly increased at an epidemic period. Though accumulations of filth may be removed with perfect safety, with the proper use of disinfecting substances, and under the superintendence of persons of competent knowledge, yet in an epidemic season the emanations from decomposing animal and vegetable matter acquire so much potency that, at that time, it is better to leave large collections of foul refuse undisturbed, and to cover them temporarily with layers of quicklime or fresh earth.

"Nor should it be forgotten that within the time of preparation which may yet be allowed us, and in the actual condition of great numbers of places in all our towns, it is only palliatives that can be applied. Where there is no drainage, no proper water supply, no water-closets, nothing but foul cesspools, only limited benefits can be expected.

"For this reason the board would urge on local boards of health, whose works under the Public Health Act are the most advanced, the great importance of hastening on the completion of such operations as are necessary for the abolition of cesspools, and the substitution of the water-closet apparatus, by laying down, wherever possible, especially in epidemic districts and localities, impermeable and self-cleansing house-drains, and by providing ample supplies of water. Hitherto, almost exclusive attention has been given to the main sewers, but experience has shown that these alone, without systematized connection with self-cleansing house-drains and ample supplies of water, are of little avail in the prevention of disease; but that where foul cesspools have been the principal sanitary evil, as from house to house these have been filled up, and the water-closet substituted, the outbreak and spread of fever, and other forms of zymotic disease, have been at once arrested.

"At the same time that these works are proceeded with, the damp and miry surface in front and at the back of houses should be removed by paving. There are instances in which this single improvement has apparently protected the inhabitants of courts and streets from the recurrence of ordinary epidemics. A flagged surface further affords the means of more effectual cleansing by the hose and jet. Paving may be done in many instances without waiting for the completion of drainage works, and, where the principle has been adopted of draining from the backs of houses, instead of through them into sewers in the front streets, there will be comparatively few instances in which it will be necessary, on the completion of the works, to break up the pavements, in order to put in house-drains.

"But no external works, however perfect, can prevent the operation of the causes of disease which arise from residence in dwellings unfit for human habitation, such as underground kitchens and cellars, in which no families can maintain health. Nor can the most perfect external works stop the diseases caused by internal filth and overcrowding. The Common Lodging-houses Act, indeed, which enforces certain conditions of internal cleanliness and prevents overcrowding, reaches the latter evils for the class of houses under its control; but there are hundreds of thousands of the people who live in tenemented houses placed back to back; each house being divided into many rooms, and each room being, in fact, the house of the entire family, in which there is a total and habitual disregard both of cleanliness and of the amount of breathing space. These dwellings are considered as private houses, and consequently the Lodging-houses Act does not touch them.

"The board would call the earnest attention of boards of guardians and local boards of health to the evidence which has been adduced of the surprising and almost incredible success that in some instances has attended well-directed exertion, even under circumstances in which temporary measures only were available, and when an outbreak seemed inevitable. Recently, at Tynemouth, where the local authorities exerted themselves with extraordinary energy, no case of cholera occurred, though neighbouring towns were devastated by the pestilence.

"Within the barracks at Newcastle, where all the means at command, for cleansing, for the removal of nuisances, and for the avoidance of over-crowding, were employed with great promptitude and energy, no case of cholera occurred, though premonitory diarrhœa was so prevalent among the garrison, that, out of 519 men, forming its total strength, 451 suffered from this affection; while in the town there were upwards of 1500 deaths from cholera, and nearly 45,000 persons received relief at the public expense.

"At a settlement in the Bahamas, in which energetic measures of cleansing were promptly effected, the mortality from the disease scarcely reached one per cent. of the affected population; whereas in a neighbouring settlement, in which no such measures were adopted, the mortality ranged from twelve to twenty per cent.

"At Baltimore, in the United States, during the epidemic of 1849, which ravaged neighbouring cities, neither money nor labour was spared to purify the town, and the cleansing operations were so energetically performed that it was admitted that the town had never before been in so clean a state. For the space of three weeks or a month premonitory diarrhœa and other symptoms, denoting the presence of the cholera poison, were as prevalent throughout the city as in the barracks at Newcastle; yet no outbreak of the pestilence took place, though at the Baltimore Almshouses, situated about two miles from the city, and close to which a large mass of putrefying filth had been left uncleansed, 99 deaths occurred from cholera out of a population of less than 600 souls.

"These results recall the observation of a great physician of that country, made nearly a century ago, with reference to another epidemic, but which is equally applicable to this: 'To all natural evils,' says Dr. Rush, the eminent physician of the United States, 'the Author of nature has kindly prepared an antidote. Pestilential fevers furnish no exception to this remark. The means of preventing them are as much under the power of human reason and industry, as the means of preventing the evils of lightning and common fire. I am so satisfied with this opinion, that I look for the time when our courts of law will punish cities and villages for permitting any of the sources of malignant fevers to exist within their jurisdiction.'"

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Law of Cholera.—In our No. for November, 1853, p. 189, we noticed a very important law in reference to the influence of the altitude of places on the mortality of this disease, demonstated by Mr. Farr in his reports on cholera in 1849. This law, which was established from data afforded by observations in the London Basin, may be thus expressed: The increments of mortality in individual districts of a given spot, bear a certain constant relation to the order of the altitude of these districts. The experience of the past year, as shown by the report of the Register-General of England, confirms the truth of this law. Since the first calculations of Mr. Farr, Dr. Duncan, of Liverpool, has, at the request of the former gentleman, examined the influence of the elevation of soil on the increments of mortality from cholera in that city, and confirms Mr. Farr's law so far as to show that "when the districts of approximating elevations are grouped together, and the groups so formed contrasted, the results distinctly point to a relation between the elevation of the soil and the mortality from cholera." More general, though far less exact (mathematically speaking), observation fully confirms the truth of Mr. Farr's law. In whatever part of the globe the history of the cholera there raging is investigated, it will be found as the rule that the disease affects most fatally the low-lying seaports and deltas of rivers, sparing the high grounds, even round river sources. In India, we know it began in the delta of the Ganges, ravaged all low-lying places; while sepoy lines, placed from sixty to a hundred feet above the general level of the country, had scarcely any cases, excepting such as occurred in persons on guard at the different outposts. The higher classes of natives and Europeans generally inhabiting the better raised and more airy parts of the towns suffered proportionably less than the lower ranks, and indeed the general result was such as to lead Mr. Jameson, in his report of the Bengal cholera in 1817–1819, to say that "there is abundant proof that in high, dry, and generally salubrious spots, it was both less frequent in its appearance and less general and fatal in its attacks than in those that were low and manifestly unwholesome." In illustration of the law (established at any rate for the great "London Basin") that *the mortality from cholera is in the inverse ratio of the elevation*, we may remark, that if the districts of London are classified according to their elevation above the level of the Thames, in those whose elevation is not on an average twenty feet above its water-line, it will be found that "on this bottom of the London Basin the mortality was at the average rate of 102 in 10,000; while in a district, 100 feet high, the mortality was 17 in 10,000; and in another (Hampstead), of an altitude of 350 feet, it was 8, or, deducting a stranger infected at Wandsworth, but who died there, 7 in 10,000." Now, if the mortality from cholera, according to the data here involved, and as occurring in relation to the elevation and mortality of other groups of districts included between those of less than 20 and above 350 feet of altitude be closely examined, the relation between elevation and death will be expressed as in the following table, on the one hand, as the facts actually occurred, and, on the other, as they should occur according to a series calculated from an equation worked out by Mr. Farr in his cholera report:—

Elevation in districts in feet above high-water mark.	Deaths in 10,000. Mortality observed.	Calculated Series.
20 feet	102	$\frac{102}{1} = 102$
20 — 40	65	$\frac{102}{2} = 51$
40 — 60	34	$\frac{102}{3} = 34$
60 — 80	27	$\frac{102}{4} = 26$
80 — 100	22	$\frac{102}{5} = 20$
100 — 120	17	$\frac{102}{6} = 17$
340 — 360	7	$\frac{102}{18} = 6$

It was found by Mr. Farr, on comparing the numbers of his series with the mean mortality observed in districts of eight different elevations, that the only considerable discrepancy was at the mean elevation (20—40) assumed to be thirty feet. The relation thus indicated being so important, it was thought proper by its discoverer to submit the principle to another test—viz: to compare the elevation and mortality from cholera of each *sub district*, and this comparison, though it made the mortality on the lowest level less, and became deranged somewhat by the deaths in hospitals and workhouses, entirely confirmed the announced law. (*Report on Cholera*, p. lxvii.) Whilst the *inverse ratio* is, we think, generally amply sustained, it yet suffers, it must be confessed, considerable perturbation; so much so, in some cases, as to have led to but little appreciation of its value. "Instances of this kind," remarks Dr. Baly (College of Phys. Report, 18), "which are found to be very numerous, when the relation between the mortality from cholera and the elevation of the surface is examined in the cases of the sub-districts of the metropolis, go far to prove that, even in London, the connection between lowness of level and the prevalence of cholera, depends, at least, in great part on the character of the inhabitants and their dwellings in the lower districts, and on the foulness, as distinguished from mere dampness, of the atmosphere in their localities." Dr. Duncan found also in Liverpool, that taking the districts singly, where the difference of elevation is only two or three feet, the law was not carried out, *being apparently overpowered by disturbing elements.* Notwithstanding all this, and much more which might be adduced if our space permitted, we accord in the opinion that, in considering the law thus announced, it is necessary to view it in connection with certain circumstances impeding its operation, and producing some deviation from strict mathematical accuracy, and that, such being yielded, as should be done in all complicated questions of hygiene, we shall find "that this inverse ratio is maintained as accurately as is requisite for the theory."

—

Cholera in Great Britain. England.—At the last account cholera was disappearing from Leeds. It has broken out with great violence at Liverpool.

Scotland.—Cholera has reappeared at Edinburgh, four undoubted cases having been reported, and what is remarkable, three of them have occurred in the same tenement in which cholera first appeared in 1852.

Cholera has also reappeared in Glasgow. Twenty-one new cases, and thirteen deaths have occurred within the first two weeks of May. It has also appeared at Johnston, near Glasgow.

—

Cholera in Paris.—The following statement is given in the *Gazette Hebdomadaire* relative to the cholera in the hospitals of Paris:—

	Total Cases.	Recoveries.	Deaths.
April 20 . .	21	1	7
" 21 . .	20	2	17
" 22 . .	24	0	12
" 23 . .	41	0	12
" 24 . .	76	0	18
" 25 . .	64	3	26
" 26 . .	45	3	28
Total	291	9	120

Since the 7th of October, there had been 1593 cases treated, of which 613 recovered and 751 died, leaving under treatment, 229.

—

Cholera on Board Emigrant Vessels.—The *Limerick Reporter* has the following statement: "In consequence of representations made to the Mayor of Limerick with reference to the appearance of the epidemic on board one or more of the emigrant vessels about to leave this port for America, but particularly on board one of those vessels, his worship, we understand, has put himself in communication with the Government, in order that no infected vessel shall be permitted to go to sea until all danger to the passengers shall have been averted by timely precaution and the supervision of the most efficient medical aid. The vessel we have heard particularly noticed as having had its passengers attacked with the epidemic is the Jessy, and we understand it was conveyed on board by some of its sailors, who lodged in an infected house in Windmill Street, and who had been cautioned not to go on board by the medical inspector, Dr. Geary—a caution which they neglected. Within the last few days, we believe, others of the passengers of the Jessy have been attacked; and we have now only to echo the public voice, when we express an anticipation that the proprietor will do what is expected at his hands under the circumstances. We have heard it asserted that one or two other vessels have been attacked; but the statement has not reached us with the same clearness and precision it has done in the case under our notice. We learn that the Mayor has received an answer from the Castle, in reply to his communication asking the Government to appoint medical men to take charge of emigrant vessels leaving the port of Limerick. It appears that in the Emigration Act there is no clause which renders it imperative on the part of the proprietors of emigrant vessels to send out medical men to look after the health of emigrants; and it is therefore to be hoped that the Government will either take this duty on themselves, or introduce a clause in the Act, that will make provision for medical attendance on board emigrant vessels. It is right to say that the rumour referred to, that disease had broken out in other ships besides that mentioned above, turns out to be true."

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

American Medical Association. — Our National Medical Association held its annual meeting this year in the city of St. Louis, Mo , on the 2d, 3d, and 4th of May. The number of delegates present was large, principally, however, western physicians, the East not having been as fully represented as it should have been.

The meeting, we are informed, was an agreeable one. Those we have seen, who were present, speak in glowing terms of the elegant and liberal hospitalities extended to them by their brethren of St. Louis, and of the completeness of the arrangements made for their comfort and gratification.

The following officers were elected:—

President.—Charles A. Pope, M. D., of Mobile.

Vice-Presidents.—E. D. Fenner, M. D., of Louisiana; N. S. Davis, M. D., of Ill.; W. S. Wragg, M. D., of South Carolina; John Green, M. D., of Mass.

Secretaries.—E. S. Lemoine, M. D., of Mo.; Francis West, M. D., of Pa.

Treasurer.—Dr. Wood, of New York.

Philadelphia was selected as the next place of meeting.

Urgent professional engagements having prevented our being present at the meeting, and the newspaper reports being unsatisfactory, we must postpone until our next number the details of the proceedings.

Medical College of the State of South Carolina.—The number of students during the past session was 234. The State Legislature has appropriated $20,000 to the Institution, which will be applied to the improvement of its building.

Savannah Medical College.—The number of students during its first session was 37, of whom 6 have received the degree of M. D.

Explanation.—We take pleasure in furnishing to our contemporary, the *Stethoscope*, the information asked for (see No. for March, 1850, p. 246).

The medical profession in England is divided into three grades: 1. *Physicians;* 2. *Surgeons*, and 3. *Apothecaries*, or, as they are now more generally called, "*General Practitioners.*" The first consist of the Fellows and Licentiates of the College of Physicians and of Graduates in Medicine of the Universities. The second consist of the Fellows of the Royal College of Surgeons. The third consist of the Members and Licentiates of the Society of Apothecaries.

Dr. Guy states that the value of life is greater among the first two grades of practitioners than among the third.

FOREIGN INTELLIGENCE.

Deaths from Chloroform.—Three more cases are to be added to the melancholy list of deaths caused by the inhalation of this potent article.

A woman, 37 years of age, who was to have a chronic mammary tumour removed from her left breast, by Mr. Hawkins, at St. George's Hospital, was given chloroform; not more than twenty minims were inhaled, when death quickly ensued.

A man, 18 years of age, died, May 3, 1854, at the Locke Hospital, after inhaling chloroform, prior to the operation for phymosis.

The subject of the third case was a woman, about 40 years of age, who was to be operated on by M. Richard, of Paris, for uterine polypus. M. R. feared the consequence of giving chloroform, as the patient was much weakened by loss of blood per vaginam, but she required its administration. Chloroform was poured on a piece of folded linen, and held a short distance from her nose and mouth by M. Richard himself. She breathed regularly and quietly, and chloroform was twice added to the compress. The patient became, after a few minutes, very much excited, and required to be held; she was then turned to one side of the bed, and hardly had the surgeon disposed his ligature, when he was told by an assistant, to whom he had given charge of the chloroform, that the pulse had ceased. All efforts at revival were fruitless. The *post mortem* did not afford any feature of interest.

Medical Intelligence relative to the War in the East.—We find in the late Journals the following items of medical intelligence relative to the sanitary condition of the armies in the East, which we think will interest our readers:—

Fearful state of the Russian Army.—The latest advices from the Danubian provinces state that the sanitary condition of the Russian army is becoming worse and worse every day, and the rate of mortality has so increased that the Commander-in-Chief has ordered the interments to be made at night time only, in order to avoid exciting alarm amongst the troops by the sight of so many burials. The provisioning of the troops, which at first was effected with tolerable regularity through Bessarabia, had begun to fall off in a very perceptible manner, and the supply of cattle had become so scanty that the troops had meat served out to them only once a week. This circumstance, together with the marsh fevers which prevail at this period of the year in the Dobrudscha, had nearly trebled the usual proportion of deaths in the camp. The wounded and sick who were in hospital in Little Wallachia have been removed in wagons to Bucharest, to which place, also, all the military material at Krajova had likewise been conveyed.

The Allied Forces in Turkey—Dispatches from Gallipoli, of April 17, speak in satisfactory terms of the condition of the expeditionary forces. The works for the establishment of the camp were being continued with the greatest activity. The sanitary state of the troops was excellent, and the most entire harmony existed between the French and English.

Health of the Troops in Asia.—Accounts from Asia state that the snow is still very deep on the hills, and that, though in the middle of April, the weather is still very severe. This, coupled with the fearful scarcity of food, which has risen to five times its ordinary price, is causing great suffering. Of money, however, a supply had been received, 3,000,000 piastres having arrived by steamer for the use of the Pasha of Trebizond. Typhus fever was making great ravages at Erzeroum, and great want of medical aid, hospital stores, &c., was felt. At Batoum the troops are healthy, though during the winter they have suffered much. When the hot weather sets in a return of sickness may be expected, as the town is in dangerous proximity to a marshy lake. Should any of our troops be sent to Asia, it would be advisable to avoid this spot.

Deficiency of Medical Officers.—At Rustchuk, Kalafat, and the other stations on the Danube, there is a great deficiency of medical officers, whose services are, unfortunately, much wanted at present, and from accounts lately received from Widdin, the treatment of the sick seems to be very bad. When a man belonging to the Kalafat garrison falls sick, his disease, instead of being properly treated at the commencement, is allowed to go on till the unhappy patient is too ill to perform his duty; he has then to cross the Danube to Widdin before he can reach the hospital, and it is no uncommon thing to see a corpse taken from the cart that has brought the sick men up from the boat. The hospitals are very comfortable, and seem to be well arranged, and Omar Pasha has done all in his power, by frequent representations to the Porte, to provide them with a proper medical staff.

Gallipoli, April 13.—The camps in the neighbourhood of this town extend in numbers every day, and, with the augmentation of the allied forces, the privations to which the men are exposed become greater, the inefficiency of our arrangements more evident, and the excellence of the French commissariat administration more strikingly in contrast. There are two cases of smallpox in hospital, which came from the Golden Fleece; and, as she had some cases of the same disease on board before she sailed from Malta, it is to be hoped the medical officers there will purify her before she returns here with more men. The soldiers attacked are going on favourably, and the disease is not spreading.

Want of Money and Provisions.—Under present circumstances, one of the most pressing wants of the Turkish Government is that of money. The Treasury is in a state of great penury, and unfortunately no feasible plan is proposed to replenish it. It appears that the Turkish Government had undertaken to supply the French army with provisions, and General Clanrobert fully expected that engagements had been regularly made with contractors for the purpose. To his surprise, however, nothing of the kind, at least to any extent, had been or could be done, for the reason alleged. The Government got credit for ten or fifteen days or so from bakers, butchers, &c., but no contracts were made. The treasure of the army had to be employed by the General. When the Turkish dealers saw that everything was paid for, they lost no time in crowding to him with supplies, and the French camp soon became a general fair, where everything was to be found. The General has, it is stated, written to his Government, requesting that money shall be sent out to him with as little delay as possible.

Neglected state of our Troops at the Seat of War.—In consequence of the deficiency of water at Beclari, the camp has been removed to Chevek, where the water is so brackish that the troops can scarcely use it. Mr. Alexander, senior staff-surgeon, has been compelled to supply the sick and other soldiers with blankets upon his own responsibility. At Kalafat, typhus is raging. The deaths from it average between thirty and forty daily.

Preparations for the Sick at Constantinople.—The Pasha, feeling for the miserable condition of our troops, has allotted the entire upper room of the great hospital for the sick. He has also left all the out offices at the disposal of the English. The Himalaya arrived at Constantinople with the 33d and 41st regiments, numbering 2,100 souls, in charge of surgeons Lamont, Matthews, and King.

The Baltic Fleet.—Under date Copenhagen, April 29, the *Daily News* says: "The smallpox broke out, whilst at Kioge Bay, on Board the James Watt. The vaccine master was furnished from hence. The ship is, of course, isolated."

Baltic Hospital Ship.—The British Government has fitted out the Bellise, a 24 gun ship, but now carrying only 4 guns, as a hospital ship for the Baltic fleet. She is fitted with 160 beds—118 on the lower deck, 38 on the orlop deck, and 4 in what is to be called the operating room. Ten cabins will be appropriated to sick officers, who will also be provided with a separate sickness berth. Everything necessary for an hospital ship has been taken on board—medical stores, wooden limbs, &c., &c.

Medicine in Spain.—The *Gazette* publishes a Royal decree to the following effect: "Art. 1. Every town and locality in the kingdom are in future to be provided with physicians, surgeons, and apothecaries, whose duty it will be to dispense medical aid to the indigent classes, and any other persons who may require their attendance. 2. The existence of these physicians shall not prevent the free exercise of the medical professions in the same localities. 3. The authorities will maintain in the free exercise of their profession the persons who have been legally accredited, in virtue of the present decree and other ordinances in force. 4. The physicians, independently of their attendance on the sick, will have to take charge of foundlings, to decide whether substitutes are fit for the military service, and to visit sick soldiers passing through their districts. They are not to absent themselves from the town in which they practice during more than twenty-four hours without the permission of the Alcalde, and for a longer period without providing a substitute. Their salary is to be proportioned to the population of the district, the wealth of its inhabitants, and other local circumstances. They will be entitled to a pension after practising thirty years in the same district."—*The Times*, April 19.

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MEDICAL PROGRESS.

Seventh Annual Meeting of the American Medical Association.

THE American Medical Association held its annual meeting this year in the city of St. Louis, Mo. Nearly 250 delegates were present, principally western physicians; the East was not as fully represented, we regret to find, as it ought to have been.

The session was opened on Tuesday, May 2, by the senior Vice-President, Dr. Usher Parsons, in the absence of the President. Letters were read from the President, Dr. Jonathan Knight, and one of the Secretaries, Dr. E. L. Beadle, expressive of their regret, at being unable to attend the meeting.

The delegates were welcomed to St. Louis in a brief address by Dr. James R. Washington, the Chairman of the Committee of Arrangements.

The Committee of Arrangements reported the list of accredited delegates, and the roll was called.

The presiding officer, Dr. Parsons, announced the meeting to be organized, and congratulated the Association on the return of their anniversary.

The report of the Committee on Publication was read, and laid on the table. The Treasurer's report was also read, and referred.

On motion of Dr. White, of New York, a recess of fifteen minutes was now had, to allow the delegates of each State to meet and nominate one of their number to form a nominating committee to report permanent officers for the Society.

The meeting again came to order, and the following were reported as constituting the Committee on Nominations:—

Maine,	Dr. Charles Millett.
Massachusetts,	" D. H. Storer.
Connecticut,	" P. G. Rockwell.
New York,	" Jas. P. White.

Published monthly by BLANCHARD & LEA, Philadelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage to the subscriber.*

☞ *In no case will this work be sent unless the money is paid in advance.*

New Jersey,	Dr. George R. Chitwood.
Pennsylvania,	" Rene La Roche.
Virginia.	" Adam Spitler.
Minnesota,	" J. H. Murphy.
South Carolina,	" Thomas G. Prioleau.
Illinois,	" W. B. Herrick.
Alabama,	" S. W. Clanton.
Louisiana,	" E. D. Fenner.
Missouri,	" Thomas G. Reyburn.
Michigan,	" William Brodie.
Mississippi,	" T. J. Grafton.
Iowa,	" D. Seviter.
Tennessee,	" J. B. Lindsley.
Wisconsin,	" J. B. Dousman.
Kentucky,	" Robt. J. Breckenridge.
Ohio,	" O. M. Langdon.
Indiana,	" W. W. Hitt.
United States Navy and Army,	Dr. Pinkney.

The above Committee retired for the purpose of nominating officers for the Association.

Dr. Atlee offered the following resolution, which was carried: That the Association arrange to meet at from 9 o'clock to 10 o'clock A. M., and from 3 to 5 P. M., while it shall remain in session.

Dr. Brainard, of Chicago, offered a resolution to provide that the future meetings of the Association shall be held alternately in the Eastern, Southern, and Western portions of the Union. The resolution gave rise to considerable discussion, and was finally laid on the table.

On motion, the meeting adjourned to 3 o'clock P. M.

May 2.—Afternoon Session.

The Association met pursuant to adjournment.

The Vice-President, Dr. U. Parsons, in the absence of the President, delivered an address, which, on motion, was referred to the Committee of Publication for insertion in the Transactions.

A letter from Dr. J. G. Adams, a permanent member, was read, dated Marseilles, March 19, 1854, stating that the writer had presented to the Imperial Academy of Medicine at Paris the sixth volume of their Transactions; that it has been received by that distinguished body with much favour, and that it has been referred to a committee for examination and report (M. Velpeau, Chairman). And that he (Dr. A.) had also promised M. De Bois, perpetual Secretary of the Academy, to endeavour to procure for the Academy the five previous volumes.

On motion, the request was ordered to be complied with.

The following memorial by members of the Medical Association of the city of New York, was now read:—

TO THE AMERICAN MEDICAL ASSOCIATION.

At a special meeting held in the city of New York, on the 12th of May, 1853, of such members "of the American Medical Association as reside in this city and its vicinity, and such as were remaining here from abroad, for the purpose of expressing their feelings respecting the disaster on the New York and New Haven Railroad at Norwalk, in Connecticut, which resulted in the death of so many valuable members of the Association," after adopting sundry resolutions expressive of their sentiments and sympathy with the bereaved, a committee of seven was appointed to devise some suitable method of commemorating the event and the worth and professional character of our lamented associates, and to recommend said plan to the next annual meeting of the Association.

At a meeting of the Committee thus appointed it was resolved, that, in the opinion of the Committee, the most appropriate method of carrying into effect the objects had in view in their appointment, would be by preparing a narrative of the event, together with a brief biographical sketch of each individual, which shall embrace a notice of the birthplace, age, place of education, when and where they derived their medical authority, where located after entering the profession, tastes and habits of life, if any; to what particular branch of the profession devoted; what positions held in the profession, either as professors, residents or officers of Medical Societies; what literary labours, medical or otherwise, performed; what done to advance the science of Medicine; and that such narrative and biographical memoirs be published in the next volume of the Transactions of the Association.

The Chairman and Secretary of the Committee beg leave to state that, although they have taken measures to procure the materials for preparing the Biographical Memoirs, answers to all the letters of inquiry have not been received. In reporting the above proceedings of the Committee to the Association, they would respectfully recommend the adoption of the plan proposed, and suggest that they be authorized to complete the narrative and memoirs in question, and to transmit them to Committee of Publication.

JOS. M. SMITH, M. D., *Chairman.*
To E. L. Beadle, M. D., *Secretary.*
New York, April 24, 1854.

The following resolutions, passed at the annual meeting of the New Hampshire Medical Society, were read:—

At the Annual Meeting of the New Hampshire Medical Society, holden at Concord, June 1, 1853, the following resolutions were unanimously adopted:—

Resolved, That it is the decided opinion of the New Hampshire State Medical Society that no delegate should be admitted to membership in the American Medical Association, who represents a medical society which numbers among its members any person or persons who adopt as their system of practice any form of empiricism.

Resolved, That the Secretary of this Society be instructed to transmit a copy of this resolution to the Secretaries of each of the State Medical Societies, and to the Secretaries of the American Medical Association, previous to their next annual meeting.

E. K. WEBSTER,
Secretary N. H. Medical Society.
Boscawen, June, 1853.

Dr. Gross, of Kentucky, offered the following resolution, which, being seconded, lies over, according to the rules of the Association, for one year:—

Whereas, It is of great importance to the harmony and good feeling of this Association, that its presiding officer should be fully acquainted with parliamentary usages, and the mode of presiding over deliberative bodies; *Therefore, Resolved*, That that part of the Constitution which relates to the election of officers be so amended, as that the election shall take place immediately before the adjournment of each meeting, instead of immediately after its commencement.

Dr. Gross, of Louisville, Kentucky, also offered the following resolution:—

Resolved, That it shall be considered disorderly for any future Committee of Arrangements to prepare for this Association costly entertainments.

Some discussion arose, and several amendments were offered—one of which was, that the word improper should be substituted for disorderly, and that liquor and cigars shall be excluded from such entertainments.

Several members advocated the adoption of the resolution without reference to what had taken place, but to provide against the practice becoming an evil in future. The resolution finally passed as amended.

The Committee for the nomination of officers now appeared, and made the following report:—

For President.—Charles A. Pope, M. D., of Missouri.

Vice-Presidents.—E. D. Fenner, M. D., of Louisiana; N. S. Davis, M. D., of Illinois; William T. Wragg, M. D., of South Carolina; John Green, M. D., of Massachusetts.

Secretaries.—E. S. Lemoine, M. D., of Missouri; Francis West, M. D., of Pennsylvania.

Treasurer.—D. F. Condie, M. D., of Pennsylvania.

The report was accepted, and the gentlemen nominated declared to be the officers of the Association.

Dr. Storer, of Boston; Dr. White, of Buffalo; Dr. Brainard, of Chicago, and Dr. Reed, of Tennessee, were appointed a committee to conduct the newly-appointed officers to their seats on the platform.

Dr. Pope was not in attendance on account of sickness in his family, and the senior Vice-President was called upon to officiate in his stead. Dr. Fenner returned thanks for the honour conferred upon him, and regretted the absence of the President.

On motion of Dr. Palmer, of Ill., the city of Philadelphia was unanimously fixed upon as the place of meeting of the Association next year.

The following resolutions, presented by the Committee of Publication, were called up, and, after considerable discussion, adopted, with an amendment requiring the Treasurer, before erasing the name of a member for being in arrears, to send him a circular informing him of his indebtedness:—

Resolved, That the sum of three dollars, annually, be assessed upon each of the delegates to the sessions of the Association, as well as upon each of its permanent members, for the purpose of raising a fund to defray the expense of printing the Transactions. The payment of this assessment shall be required of the delegates and members in attendance upon the sessions of the Association, previously to their taking their seats, and participating in the business of the session, and of all others, on or before the first day of September in each year.

Resolved, That each delegate and member who has paid his annual assessment, in accordance with the terms of the above resolution, shall be entitled to receive a copy of the printed Transactions of the session.

Resolved, That the name of no one shall be inserted or continued on the list of permanent members of the Association, who shall refuse or neglect to pay his annual assessment, in accordance with the terms of the first resolution.

A resolution, adopted by the Detroit Medical Association, extending an invitation to the Association to hold its next annual meeting in Detroit, was now read. It was received and laid on the table.

Dr. Atlee, on behalf of the committee to procure a stone with a suitable inscription for the monument of Washington, reported that he had adopted, at the suggestion of the lamented Dr. Pierson, of Salem, the design for the stone, representing Hippocrates refusing the presents of King Artaxerxes, who invited him to go to Persia and succour the enemies of Greece. The sculpture was on beautiful marble, by Samuel Beck, a young artist of Lancaster County, Pennsylvania, from a daguerreotype copy of Viardot's celebrated picture, presented to him by Miss Abby L. Pierson. The execution of the work is in the highest style of art, and evinces extraordinary talents in the artist. The stone is of Vermont marble. The resolution, authorizing the movement, was adopted at Richmond. There was a lack of funds for the accomplishment of this object to the amount of $400, and members of the Association were respectfully invited to contribute, as they felt inclined, to make up the amount.

On motion, Dr. Charles Hooker was appointed Treasurer *pro tem.*, as the Treasurer elect was not in attendance.

A gentleman now announced to the meeting that Dr. Pope, the President elect, was in the room. Two of the committee appointed for that purpose then escorted the President to the chair. He addressed the Association in a few remarks, as follows:—

Gentlemen: There are occasions when the mouth is dumb, because the heart is full. Such I feel my present position, when I behold around me so many members of a noble profession. I am grateful for the honour you have conferred upon me, and however unworthy in other respects, I will yield to none in a just appreciation of the lofty and noble profession of which we are members. In this view, gentlemen, I feel that the honour was not so much intended for myself as for the advances made in science by the profession generally, in the West. For myself, I return you the thanks of a grateful heart. I will endeavour to act to the best of my abilities, and again I thank you.

One of the delegates now informed the Association that Dr. Ninian Pinkney, of the United States Navy, was present, and though not one of the delegates, would be glad, if permission were granted, to address the meeting. The request was acceded to and an address was then delivered.

A communication was received from the Hon. L. M. Kennett, inviting all the members of the Delegation and the Faculty of the city in general, to partake of the hospitalities of his house, in an entertainment to be given in the evening.

A communication was also read from the President of the Board having charge of the Institution of the Blind, of St. Louis, inviting the members of the Delegation to visit that Institution during their stay in the city.

On motion, the Committee on Nominations were instructed to report the several standing committees of the Association.

Drs. Moore, McPheeters, and Reybern, extended general invitations to the members of the Delegation to visit them at their residences.

The meeting then adjourned to 9 o'clock Wednesday morning.

Morning Session.—May 3.

The meeting convened at 9 o'clock A. M. Dr. Pope, the President, in the chair.

The minutes of the previous meeting were read, amended, and then adopted.

The names of several delegates, who had registered since yesterday, were reported.

On motion, it was

Resolved, That the Association adjourn the afternoon session at 4 o'clock P. M.

Dr. Atlee, of Lancaster, Pennsylvania, moved that the memorial from the members of the American Medical Society of Paris to the American Medical Association, be read and referred to the Committee of Medical Education, which motion carried. The memorial is as follows:—

Memorial of the American Medical Society of Paris, to the American Medical Association:—

We, the members of the American Medical Society of Paris, beg, through our delegates, to present the following Memorial:—

The National Association of the United States has had its origin mainly from the consciousness felt by physicians of the low state of medical education in our country, and from the desire, universally entertained by them, of elevating the standard of the medical profession. We, by our sojourn abroad, from our intercourse with those educated here, have become more painfully conscious of our infirmities and deficiencies at home, and for this reason beg leave once more to urge upon the Association the necessity of a change. While acknowledging, however, the superiority of education in Europe, we are far from desiring to arrive at equality by imitating their methods. We, therefore, beg to urge the following plan for the consideration of the Association: That in each State there be appointed by the Medical Society of the State a Board of Examiners, which Board shall be chosen every year from members of the Society, and which shall perform its duties the following year in the place, and immediately before the sitting of the State Medical Society; that their examinations be public, and that every one, whomsoever may apply, shall be introduced by a member of the Society; and that no one can hereafter become a member of the State Medical Societies, nor of the American Medical Association, who has not the certificate of having satisfactorily passed such an examination. As to the qualifications to be required of the candidate, we do not think it advisable to enter into particulars. They should not, however, believe in any peculiar doctrines or methods; no certificates of attendance upon courses of lectures should be necessary, but solely the possession of the necessary amount of medical knowledge to practice his profession with safety and honour. This plan in no way interferes with the established schools; its effect upon them could only be salutary. Students would attend those institutions where those branches of a medical education that can only be acquired by attendance upon lectures are best taught.

All of which is respectfully submitted to the consideration of the Association.

Dr. HAMMER, *St. Louis*,
Dr. MURPHY, *Cincinnati*.

The President announced the reading and consideration of the annual reports of committees would now be in order. The committees were accordingly called, as follows:—

Dr. D. F. Condie, of Philadelphia, on the Causes of Tubercular Disease, was not prepared to report, and requested further time.

Dr. Geo. B. Wood, of Philadelphia, on Diseases of Parasitic Origin, not being present, had sent a verbal request to be discontinued. His request was accordingly granted.

Dr. John A. Atlee, of Lancaster, Pa., on Epidemics of New Jersey, Pennsylvania, Delaware, and Maryland, not being prepared to make a full report, requested to be continued on the same committee.

Dr. D. J. Cain, of Charleston, S. C., on Epidemics of South Carolina, Florida, Georgia, and Alabama, read an abstract of his report. It was referred to the Committee on Publication.

Dr. W. L. Sutton, of Georgetown, Ky., on Epidemics of Tennessee and Kentucky. He had made a partial report, but of such meagre materials that he requested to be continued. His report was referred to the Committee of Publication when ready.

Dr. George Mendenhall, of Cincinnati, Ohio, on the Epidemics of Ohio, Indiana, and Michigan. He presented a report for the years 1852 and 1853, of which he read a brief abstract. The report was referred to the Committee on Publication with the request to have it published in the proceedings of the present year.

Drs. Palmer and Atlee each spoke at some length of the great and lasting good that might be accomplished if all the members of the Association would duly record their individual experience of epidemics, and report all such cases to the Chairman of the Committees. Dr. Atlee had been two years Chairman of such a committee, and during that time had only received two such reports—one from New York, and a partial one from Pennsylvania. He stated that he had used great exertions to get professional men to co operate in this work, and appealed to the whole Faculty to do everything in their power to promote this great object. He very ably impressed the necessity of co-operation by all the profession with the several committees having these reports in charge.

Dr. R. S. Holmes, of St. Louis, Mo., on Epidemic Erysipelas, read an abstract of his report. It was referred to the Committee on Publication.

Dr. E. D. Fenner, of New Orleans, on Epidemics of Louisiana, Mississippi, Texas, and Arkansas. He read a comprehensive abstract of his report—dwelling principally on the ravages of the cholera and yellow fever, and the causes and the means of treatment.

Dr. Fenner had not completed his report, and Dr. McPheeters offered a resolution that Dr. Fenner be requested to complete his report, and submit it to the Committee on Publication to be published. The resolution was adopted.

Dr. Mussey, of Cincinnati, now made a motion to suspend the order of regular business, to allow Dr. Linton, of St. Louis, to express his views with regard to the Pathology of the Yellow Fever.

The resolution was adopted, when Dr. Linton expressed his views at some length on this subject. He advocated the idea that vegetable decomposition was not necessary to the production of the autumnal diseases of this country. He considered yellow fever nothing more than an aggravated type of bilious fever, caused by the retention of hydro carbonaceous substances in the blood. In other words, the agencies producing yellow fever were *northern blood* subject to the heat of southern latitudes.

A motion was made and carried, that Dr. Linton be requested to draw up the substance of his remarks, to be presented to the Committee of Publication.

The call for the reports of the standing committees was then resumed.

Dr. Daniel Brainard, of Chicago, Illinois, on the Constitution and Local Treatment of Carcinoma. He requested further time to make a full report.

Dr. N. S. Davis, of Chicago, Illinois, on the Influence of Local Circumstances on the Origin and Prevalence of Typhoid Fever. The report, of which he read a brief abstract, was referred to the Committee on Publication.

Dr. Donaldson, of Baltimore, on the Present and Prospective value of the Microscope in Disease. Dr. Donaldson, in a communication, stated that his report was complete, but he not being present, it was, without reading, referred to the Committee on Publication.

The report of the Committee on Medical Education was received, but owing to its length, its reading was passed over. It was referred to the Committee of Publication.

Dr. Pope, Chairman of the Committee on Prize Essays and Volunteer Communications, now made the following report:—

Mr. President: The Committee on Prize Essays and Volunteer Communications, respectfully report that the Essays submitted to their consideration were nine in number, of which one was presented as a volunteer communication. The Committee have carefully examined the whole of these Essays, and bestowed upon them the attention which a sense of the importance of the duty assigned them imposed. They feel free to say that some of these Essays possess undoubted merit, both in matter and style, and they admit in them evidence of high scientific attainment as well as a familiarity with the graces of composition. But whilst cheerfully according these claims to their authors, the Committee have preferred to be governed in their choice by considerations of originality and practical import, rather than of mere theoretic speculation, however finely portrayed. The Committee have, consequently, concluded to award but a single prize. The Essay selected is entitled "An Essay on a New Method of treating Ununited Fractures and certain Deformities of the Osseous System." It bears a motto in French, which, being liberally rendered in modern English, reads, "And notwithstanding all the pains I have heretofore taken, I have reason to praise God, in that it hath pleased Him to call me to that branch of Medical practice commonly called Surgery, which can neither be bought by gold nor by silver, but by industry alone and long experience."

If it please the Association, I will now break the seal of the packet superscribed by the same motto, and declare the name of the successful competitor.

Dr. Pope then broke the seal, and announced the name of Professor Daniel Brainard, of Chicago, as the author.

Dr. McPheeters moved that Professor

Daniel Brainard take the stand and give the Association an abstract of his new mode of treating ununited fractures, &c., which motion was carried, and Professor Brainard accordingly came forward, and gave the desired information.

Dr. Hooker, of Connecticut, Treasurer, now introduced the subject of the annual assessment, and called the attention of the Association to the fact that he was ready to receive the dues of members.

Dr. Elbert, of Iowa, offered certain resolutions to the effect that a committee be appointed to recommend to the next annual meeting, for consideration, any alteration they might deem necessary in the Constitution, By-Laws, &c., and also that the place of holding future annual meetings of the Association be determined by ballot, without the intervention of the Nominating Committee. The resolutions, after much discussion, were lost.

Dr. C. B. Guthrie offered the following resolutions, which were unanimously carried:—

Resolved, That in the Secretary of the Treasury's recommendation to Congress to abolish or materially modify the duty on such crude drugs not producible in this country, as are used in the laboratories of the country in the manufacture of chemicals, we recognize a wise provision for the further protection of the profession and the community at large, from impure and sophisticated medicines.

Resolved, That a copy of this resolution be signed by the proper officers of this Association, and the same be transmitted to the Secretary of the Treasury and to the Committee on Ways and Means.

Dr. J. B. Johnson now stated to the meeting that he had a letter from Dr. Stephen Williams, of Illinois, inclosing a preamble and resolution, which he desired to read to the meeting. He then read the letter.

The following preamble and resolutions, contained in the letter, were adopted:—

As we are constantly called upon to deplore the ravages of death among the meritorious and worthy members of our profession throughout the United States—

Resolved, That a standing committee be appointed by this Association to procure memorials of the eminent and worthy dead among the distinguished physicians of our country, and present them to this Association for publication in its Transactions.

The Chair then announced that he would appoint the Committee contemplated by the resolution hereafter.

Dr. McIlvaine offered the following resolution:—

Resolved, That in the opinion of this Association, the practice of Professors reading lectures to their classes, no matter with how much care selected from the musty records of antiquity, is a miserable apology for teaching, is *prima facie* evidence of their inaptness to instruct, and is inimical to medical progress.

It was, on motion, laid on the table.

Dr. F. A. Ramsey offered the following amendment to the Constitution, which, in accordance with the laws, lies over until the next meeting:—

Resolved, That the Constitution of the Association be so amended as to dispense with the Nominating Committee, and the duties of such committee.

Dr. French submitted the following resolution, which was carried:—

Resolved, That a committee be appointed to inquire what State or other Society, represented in this Association, are in fellowship with irregular practitioners.

Dr. Blatchford, of Troy, read a letter from Dr. A. D. Spore, stating that he (Dr. Spore) had been for some time investigating the subject of Hydrophobia, to ascertain what influence the weather had upon the disease, and in the letter he requested that communications on the subject might be sent to him by members of the Faculty who had opportunities of making observations. Dr. Spore not being a Delegate, it was moved that Dr. Blatchford be appointed Chairman of a Committee for the investigation of this subject.

The following resolution was offered by Dr. Dowell:—

Resolved, That a committee be appointed to investigate the improvements of the instruments for Lithotomy by Nathan R. Smith, Paul F. Eve, and Dr. McDowell.

The resolution was laid on the table.

Dr. F. A. Ramsey, of Tenn., offered the following resolution, which was adopted:—

Resolved, That a committee be appointed who shall be charged with the duty of investigating the charges made against gentlemen in fellowship with this Association of sustaining proprietary medicines by certificates or otherwise.

The following was offered by Dr. S. M. Smith, of Columbus, Ohio, which was carried:—

Resolved, That a Standing Committee of ——— be appointed by the Association on the subject of Insanity as it prevails in this country, including its *causation*, as hereditary transmission, educational influences, physical and moral, social and political institutions, &c.; *its forms* and *complications*, *curability*, and means of cure and prevention.

The announcement was now made that, at 4 o'clock P. M., there would be fifteen omnibuses at the door of the Hall awaiting the members of the Association, together with numerous buggies and carriages, to conduct them to the residence of Col. O'Fallon, who had extended them a general invitation to an entertainment.

The meeting adjourned to 3 o'clock in the afternoon.

May 3.—*Afternoon Session.*

The Association met at the appointed hour. Dr. Wragg, one of the Vice-Presidents, in the chair.

Dr. J. P. White, of Buffalo, submitted the following resolution, which was carried:—

Resolved, That the thanks of this Association be presented to Dr. J. Knight, late President, for the very dignified, courteous, and efficient manner in which he presided over its deliberations, and that he be respectfully requested to furnish the usual address for publication.

A vote of thanks to the late Vice-Presidents and the late Secretary, Dr. Beadle, was adopted.

The Secretary read a report from Dr. G. I. Zeigler, of Pa., on behalf of the Committee appointed by the Association to devise or consider some comprehensive plan for the more general, systematic, and thorough investigation of subjects connected with medical science, to which was appended the following resolution:—

Resolved, That the American Medical Association hereby recommends all Medical Societies to establish, in accordance with the plan detailed in the foregoing report, special committees for the selection, investigation, collaboration, and publication of all subjects of interest connected with medical science.

The resolution was carried, and the report and resolution were referred to the Committee of Publication.

Dr. Atlee communicated to the meeting that he had received a letter from Dr. Parrish, Chairman of the Committee on Epidemics of New Jersey, stating that his report was yet unfinished, but would soon be ready for publication.

On motion, it was directed to be handed over to the Committee of Publication when finished.

Dr. N. S. Davis presented some specimens of solid milk to the Association, which he explained would, if used, prevent many of the diseases to which children are subject, arising from using putrid milk. He respectfully submitted the specimens to the consideration of the Association.

After a session of half an hour, the meeting adjourned till 9 o'clock to-morrow morning.

Thursday, May 4, 1854.—*Morning Session.*

The Association convened at 9 o'clock A. M. Dr. Pope, President, in the chair.

On motion, the regular order of business was suspended for the purpose of filling the vacancy in the Nominating Committee from Iowa.

On motion, Dr. McGugan was chosen to fill the vacancy.

The minutes of Wednesday's proceedings were read, and, after a few unimportant amendments, were adopted.

Dr. McPheeters stated to the Association that arrangements had been made with the different lines of travel from the city, to convey the members of the Association to their homes, free of charge; and that all the lines and companies had agreed to the arrangement, excepting the New York and Hudson River Railroad Company.

The Secretary now read a communication from the Chairman of the Nominating Committee, requesting that body to meet. Also, a communication tendering the hospitality of the city of Burlington, Iowa, to those members who return by the Upper Mississippi.

Dr. Atlee offered the following resolution, which carried:—

Resolved, That it shall be the duty of the Publication Committee to append to each volume of the Transactions hereafter published, a copy of the Constitution of the Association.

The following resolution, offered by Dr. Gross, was also carried, and Dr. Gross was appointed by the Chair the committee designated:—

Resolved, That a Committee of one be appointed by the Chair to inquire into the causes which obstruct the formation and establishment of our National Medical Literature, and to report the subject at the next annual meeting of this Association, or as soon thereafter as practicable.

An invitation was read from the Engineer and Superintendent of the Pacific Railroad, inviting the members of the Association to make an excursion on the road, and offering to send out a special train for the purpose, at any time the Association would appoint.

On motion of Dr. Atlee, a vote of thanks was extended by the Association to the Directors of the Pacific Railroad.

The Chairman of the Committee of Arrangements moved that the Association accept the invitation of the Company, with the information that 10 o'clock A. M. on Friday would be a convenient hour for the excursion to be made, as this would allow opportunity for delegates, who wished to leave the city in the afternoon, to be in season for boats, trains, &c.

Dr. J. Berrien Lindsley, of Tenn., offered the following resolution, which, on motion, was referred to the Committee on Medical Education, with instruction to report at the next annual meeting of the Association:—

Resolved, That this Association earnestly recommend to the few western schools which still retain the rule of making four years' practice equivalent to one term at College, the abrogation of said rule, as holding out a strong inducement and temptation to young men to enter upon the practice of medicine with little or no preparation.

Dr. Paul F. Eve, of Tenn., submitted a resolution, which, after amendment, as follows, was carried:—

Resolved, That a committee of three be appointed by the Chair, to report at the next meeting of the Association, the best means for preventing the introduction of disease by emigrants into our country.

The Chair appointed Drs. Dickson, Griscom, and E. D. Fenner, the committee.

Dr. Linton, of St. Louis, offered the following, which was also referred to the above-named committee:—

Resolved, That in the opinion of this Association, quarantine establishments afford no protection to States and cities against the invasion of epidemics, such as cholera and yellow fever.

Dr. Penn offered a resolution to the following effect:—

Resolved, That the members of the Committee of Arrangements who are not members of the Medical Association, be invited to take seats in this Association, as members by invitation.

Which was carried.

Dr. Sayre, of New York, called the attention of the Association to the offensive language of the memorial of the American Medical Society of Paris, to this Association, which had been referred at a previous meeting to the Committee on Education, and offered a resolution that the memorial from Drs. Hammer and Murphy be withdrawn from the Committee on Education and laid on the table.

He stated that such a document implied the inefficiency of American Professors of Medicine to give students a complete and thorough scientific education, and cast unjust and shameful reflections upon the capacity of medical men in this country. He contended that such a document, being so disposed of, appearing in the published proceedings of the American Medical Association, to be read in all parts of the Union, would confer a lasting disgrace on the judgment and deliberations of that body, and on the whole Faculty in this country.

After some discussion, the resolution was adopted by a large majority.

A communication was read from Dr. Peebles, Chairman of the Committee on Epidemics of Virginia and North Carolina, requesting to be excused from the Committee. The request was granted.

The Secretary stated that a document had been received from Dr. Phelps, of New York, purporting to be an abstract of a paper explaining the relation between medicine and religion.

On motion, the regular business was suspended to give place to the reading of the report of the Nominating Committee, of which the following is a copy:—

Report of the Committee of Nominations.—The Committee on Nominations, in fulfilling the duty imposed upon them, recommend the continuance of several of the special committees previously created, and the appointment of some new ones. They, therefore, submit the following list of Chairmen of special committees, with the subjects to them committed:—

Dr. Worthington Hooker, of New Haven, Connecticut, "On Epidemics of New England and New York."

Dr. John L. Atlee, of Lancaster, Pa., "On Epidemics of New Jersey, Pennsylvania, Delaware, and Maryland."

Dr. D. J. Cain, of Charleston, S. C., "On Epidemics of South Carolina, Florida, Georgia, and Alabama."

Dr. W. L. Sutton, of Georgetown, Ky., "On Epidemics of Tennessee and Kentucky."

Dr. Thos. Reyburn, of St. Louis, Mo., "On Epidemics of Missouri, Illinois, Iowa, and Wisconsin."

Dr. Geo. Mendenhall, of Cincinnati, O., "On Epidemics of Ohio, Indiana, and Michigan."

Dr. E. D. Fenner, of New Orleans, La., "On Epidemics of Mississippi, Louisiana, Arkansas, and Texas."

Dr. James Jones, of New Orleans, La., "On the Mutual Relations of Yellow and Bilious Remittent Fever."

Dr. D. F. Condie, of Philadelphia, Pa., "On the Causes of Tuberculous Disease."

Dr. Jos. Leidy, of Philadelphia, Pa., "On Diseases of Parasitic Origin."

Dr. A. P. Merrill, of Memphis, Tenn., "On the Physiological Peculiarities and Diseases of Negroes."

Dr. Jos. N. McDowell, of St. Louis, Mo., "On Statistics of the Operation for the Removal of Stone in the Bladder."

Dr. F. P. Porcher, of Charleston, S. C., "On the Toxicological and Medicinal Properties of the Cryptogamic Plants."

Dr. Daniel Brainard, of Chicago, Illinois, "On the Constitutional and Local Treatment of Carcinoma."

Dr. Geo. Engleman, of St. Louis, Mo., "On the Influence of Geological Formations on the Character of Disease."

Dr. Henry Taylor, of Mount Clemons, Mich., "On Dysentery."

Dr. Horace Green, of New York, "On the Use and Effect of Applications of Nitrate of Silver to the Throat in Local or General Disease."

Dr. P. C. Gooch, of Richmond, Va., "On the Administration of Anæsthetic Agents during Parturition."

Dr. Chas. Hooker, of New Haven, Conn., "On the Diet of the Sick."

Dr. E. R. Dabney, of Clarksville, Tenn., "On certain forms of Eruptive Fevers, prevalent in Middle Tennessee."

Dr. Sanford B. Hunt, of New York, "On the Hygrometrical State of the Atmosphere in various localities, and its influence on health."

Dr. Frank H. Hamilton, of Buffalo, New York, "On the Frequency of Deformities in Fractures."

Dr. M. M. Pallen, of St. Louis, Mo., "On Diseases of the Prostate Gland."

Dr. H. A. Johnson, of Chicago, Ills., "On the Excretions as an Index to the Organic Changes going on in the System."

Dr. Leroy H. Anderson, of Sumpterville, Ala., "On Typhoid Fever and its Complications as it prevails in Alabama."

Dr. W. H. Byford, of Evansville, Ia., "On the Pathology and Treatment of Scrofula."

Dr. N. S. Davis, of Chicago, Ills., "On the Nutritive Qualities of Milk, and the influence produced thereon by pregnancy and menstruation in the human female, and by pregnancy in the cow, and also on the question whether there is not some mode by which the nutritive constituents of milk can be preserved in their purity and sweetness, and furnished to the inhabitants of cities in such quantities as to supersede the present defective and often unwholesome method of supply."

Dr. E. B. Haskins, of Clarksville, Tenn., "On the Microscopical Investigations of Malignant Tumours."

Dr. Geo. K. Grant, of Memphis, Tenn., "On the Sulphate of Quinia as a Remedial Agent in the treatment of Fevers."

Dr. R. R. McIlvain, of Cincinnati, Ohio, "On the Study of Pathology at the Bedside."

Dr. E. S. Cooper, of Peoria, Ill., "On Orthopædic Surgery."

Dr. Andrew F. Jeter, of Palmyra, Mo., "On the Modus Operandi of the Envenomed Secretions of Healthy Animals."

Dr. Sam. M. Smith, of Columbus, Ohio, "On Insanity."

Dr. Rene La Roche, of Philadelphia, Penn., "On the Jaundice of Yellow Fever in its Diagnostical and Prognostical Relations."

Dr. Charles Chandler, of Rocheport, Mo, "On Malignant Periodic Fevers."

Dr. S. B. Chase, of Portland, Maine, "On Typhoid Fever in Maine."

Committee on Plans of Organization for

State and County Societies.—A. B. Palmer, M. D., Michigan; R. R. McIlvain, M. D., Ohio; D. L. McGugin, M. D., Iowa; E. R. Peaslee, M. D., New Hampshire; Thos. Lipscomb, M. D., Tennessee.

Committee on Medical Literature.—Robert J. Breckenridge, M. D., Kentucky, Chairman; A. A. Gould, M. D., Mass.; D. L. McGugin, M. D., Iowa; J. B. Flint, M. D., Ky.; O. M. Langdon, M. D., Ohio.

Committee on Medical Education.—Wm. H. Anderson, M. D., Alabama; A. Lopez, M. D., do.; Andrew Murray, M. D., Michigan; A. Ramsay, M. D., Tennessee; R. D. Ross, M. D.

Committee on Prize Essays.—Rene La Roche, M. D., Pennsylvania; Isaac Hays, M. D., do.; Alfred Stille, M. D., do.; J. B. Biddle, M. D., do.; Geo. W. Norris, M. D., do.; Joseph Carson, M. D., do.; Joseph Leidy, M. D., do.

Committee of Arrangements.—Isaac Hays, M. D., Pennsylvania; G. Emerson, M. D., do.; Wilson Jewell, M. D., do.; Alfred Stille, M. D., do.; Francis West, M. D., do.; Wm. V. Keating, M. D., do.

Committee on Publication.—Pliny Earle, M. D., New York; D. Francis Condie, M.D., Pennsylvania; E. S. Lemoine, M.D., Missouri; A. March, M. D., New York; E. H. Davis, M. D., do.; C. R. Gilman, M. D., do.

After the reading of the report, Dr. Reyburn moved its adoption, excepting that portion referring to the Committee on Publication, in the following resolution:—

Resolved, That the said report be adopted, with the exception of that portion which refers to the Committee on Publication.

He remarked, in support of the resolution, that he saw no reason why the publication of the proceedings of the Society should be changed from Philadelphia to New York, as was evidently intended by placing the Philadelphia portion of the Committee in minority. He did not think the committee of New Yorkers would attend to the business any better, and as the old committee had always performed their duty, he did not see the necessity of a change.

Dr. Sayre remarked that it was unprecedented in the annals of the Association that any part of the report of the Nominating Committee should be stricken out. He said that the Association might as well appoint a permanent President as a permanent Committee of Publication. He thought it was but justice to that committee to take the labour and responsibility off their hands, as they had laboured long and arduously for the Association. and it had positively no right to entail upon any committee such constant labour. He was, therefore, in favour of changing the committee and place of publication, and thus dividing the labour consequent upon the duties.

Dr. Storer contended that the sole reason for the change was that the gentlemen in New York wanted the publication there; but as their wants were not supported by sufficient reasons, the Association should not take cognizance of them; that it ought, on the other hand, to retain the old committee, as those gentlemen have not declined, and no argument has been advanced why they should be discharged. We have no right, even if we had the power, to discharge a faithful officer. The gentlemen comprising the committee have laboured faithfully and efficiently in the discharge of their arduous duties, and have subscribed liberally from their own pockets, in the event of a scarcity of funds. Dr. S. was, therefore, not in favour of taking the publishing out of the hands of those who had proved themselves competent, and warmly devoted to the interests and objects of the Association.

Dr. Paul F. Eve wished the nomination made by the Nominating Committee confirmed, as they had generally been accepted by the Association. He saw no reason why the change should not be made; and he had understood that $1,000 or $1,200 had been consumed last year in the getting up of one gentleman's contributions.

Dr. Herrick, of Ill., stated that he was one of the Committee of Nominations, and wished to state some reasons why the change was made. He did not see that it would materially affect the matter whether a majority of the committee were in Philadelphia or New York. They considered it a matter of duty to make the change. As it is a great National Association, we should endeavour to change the labour, as well as the honour, from one portion of the Union to another. If an office of labour, it is wrong to impose on one portion of the Association—if a place of profit, the benefits should be distributed.

The Publishing Committee have authority to publish or not any communication that may be laid before them, and that gives power to one set of individuals to bring their works before the public before another. This advantage should not be allowed. I was for changing the majority of the committee to any place away from Philadelphia. The foregoing are the principal reasons he advanced for the change.

Dr. McPheeters made a short reply in favour of the resolution.

Dr. Sayre now made a motion that the matter be referred to a committee of the whole, which carried, and the Association passed into such a committee.

On motion, Dr. Elbert took the chair, and the discussion again commenced with renewed ardour.

Dr. Davis, of Chicago, spoke at some length. He said that the change implied no censure. Dr. Condie is still retained on the committee, also the Secretary, Dr. West. There have been added to the council two or three members from New York. Censure will accumulate. No set of men can hold an office without censure. Let the censure move around, and we shall save any one from unjust labour and reproach.

The discussion lasted two or three hours, and was warmly supported. The Committee of the Whole at length reported back the amendment of Dr. Reyburn, which was adopted. The Committee then rose and the Association adjourned.

Afternoon Session.

The Association convened at 3 o'clock; Dr. Pope in the chair.

A resolution was offered by Dr. Storer in relation to permanent members, which was unanimously carried.

The Treasurer *pro tem.* said that he had an announcement to make for the benefit of the friends of the Association. He stated that in the morning he had taken a ten guilder piece, mistaking it for five dollars, and had in his possession a three dollar doubtful bill, which the brokers refused, and that one of the members had taken a receipt for three dollars without paying the money. He advocated the rectifying of these mistakes.

A resolution was offered to the effect that W. S. Maus, M. D., of Pekin, Illinois, be elected a permanent member—which was carried unanimously.

Dr. Atlee offered the following resolution, which was carried:—

Resolved, That this Association earnestly recommend to their medical brethren in those States in which Societies do not exist, the immediate organization of State and County Medical Societies.

Dr. Ramsey offered the following resolution, which, on motion of Dr. Coons, was laid on the table:—

Resolved, That while this Association reserves to itself the right of expressing through reports of committees, or by resolutions, its appreciation of professional qualifications, or of medical education, it is far from assuming the position of guardian of medical schools.

Dr. Breckenridge offered the following resolution, which was adopted:—

Resolved, That hereafter every paper received by this Association and ordered to be published, and all plates, or other means of illustration, shall be considered the exclusive property of this Association, and shall be published and sold for the exclusive benefit of the Association.

Dr. Phelps, of New York, again requested to read the document which he presented in the morning, and the reading of which was deferred to allow the Committee of Nominations to make their report. Permission was granted, and the document, which, Dr. Phelps stated, "purports to be an abstract of a paper which traces the connection existing between medicine and religion in its origin and progress, and might receive the following style, to wit:—

"'Religion an Element in Medicine, or the duties and obligations of the profession—'"

Was read and referred to a special committee to be appointed by the Chair. The President named Dr. Atlee, Dr. Sayre, and Dr. March, to serve on the Committee.

A motion was now made to proceed to the regular business, which was carried.

Dr. Eve moved that the matter relating to the report of the Committee on Nomination, and the blank occasioned by the amendment offered by Dr. Reyburn, which was adopted in Committee of the Whole, be referred back to the Nominating Committee for the purpose of filling up the blank, which was lost.

The question then came up upon adopting the original report of the Committee of Nominations, which was strenuously advocated by Drs. Breckenridge, of Ky., Sayre, of N. Y., McDowell, of Mo., White, of

N. Y., Palmer, of Mich., McIlvain, of Ohio, and others; and opposed by Drs. Atlee, of Pa., and Storer, of Mass., was in character much the same as that of the morning, becoming very animated, and at times personal feeling and sectional jealousy were evinced.

The original report of the Committee was at length adopted.

After the vote was announced, the delegation from Philadelphia, through Dr. La Roche, announced that they would take the responsibility of tendering the resignation of Dr. Condie, of Philadelphia, Treasurer of the Association. After some little discussion, the resignation of Dr. Condie was accepted.

Dr. West, of Philadelphia, one of the Secretaries, then tendered his resignation, and, the question being upon accepting it, it was lost.

Dr. Breckenridge, of Kentucky, then offered the following resolution, which was carried:—

Resolved, That hereafter the majority of the Committee on Publication shall be selected from the physicians of that city in which the Association may annually meet.

A vote of thanks was then unanimously returned to Dr. Condie for the able, zealous, and impartial manner with which he had discharged his duties as Treasurer.

A resolution was reported to amend the Constitution, which provides that its annual meeting shall be held on the first Monday in May, and substitute the second Monday. The resolution, under the rule, lies over for a year.

Dr. W. H. Byford offered a resolution of thanks to Dr. Pinkney, of the United States Navy, for the able address delivered before the Association on the first day of its session, which was unanimously adopted.

Dr. Atlee offered a resolution tendering the thanks of the Association, and of the individual members, to the citizens of St. Louis for their hospitality and kindness; also, to the directors of the various railroads and officers of steamboats, for the generous manner in which they have tendered their kind offices, which was adopted.

Dr. White moved that a vote of thanks be extended to the late Publishing Committee for their best endeavours to serve the Association, which was unanimously adopted.

Dr. W. W. Hitt, of Indiana, offered the following resolution, which was adopted and referred to the Committee on Nomination:—

Resolved, That a committee of —— members be appointed to examine into and report upon the effects of alcoholic liquors on the human system in health and disease.

A resolution offered by Dr. C. B. Hughes, relating to specialty practice in Surgery, was, on motion, laid on the table.

Dr. White, from Nominating Committee, reported to the Association the name of Dr. Blatchford, of New York, as Treasurer, in place of Dr. Condie, resigned.

Dr. Blatchford declined acting in that capacity, and the Committee subsequently reported the name of Dr. Isaac Wood, of New York. They also reported a special Committee on Epidemics, for the States of Virginia and North Carolina, with Dr. Haskins as Chairman; and also, the resolution relative to alcoholic drinks was reported back by them, referring it to a special committee, consisting of Dr. Mussey.

Dr. W. S. Edgar offered a resolution in regard to the compounding of medicine, and recommending apothecaries to use different coloured paper in putting up poisonous drugs, with an appropriate stamp upon it, in contradistinction to other medicines.

Dr. Bane, of Illinois, was elected a permanent member.

A letter from Dr. Engelman, of St. Louis, was read, resigning his situation as chairman on one of the special committees, but the Association refused to accept it.

The following resolution, offered by Dr. J. B. Lindsley, was, on motion, laid on the table:—

Resolved, That the too prevalent practice of Professors in Medical Colleges recommending their own writings and editings as text-books for their students, is, in the opinion of this Association a serious evil, trammelling as it does, the student in his choice of books, and promoting the publication and circulation of works of inferior merit.

A vote of thanks was returned to Dr. Hooker, Treasurer *pro tem.*

Dr. Gross informed the Association that the second volume of the work of the late Professor Drake, of Cincinnati, was now in the press at Philadelphia, and would be issued early in the present summer. The second volume, he said, was on Practical

Medicine, and will be entirely independent of the first.

Dr. McPheeters announced to the Association that omnibuses would be in attendance at the Hall this morning at 9 o'clock, to convey the members to the depot of the Pacific Railroad, in pursuance of the invitation tendered to them by the Directors. On motion,

The Association then adjourned, to meet in Philadelphia on the first Tuesday of May, 1855.

CLINICS.

Statistical Report of the Principal Operations performed in the London Hospitals during the month of March, 1854.—The subjoined report includes the following Hospitals: University College, King's College, St. George's, St. Bartholomew's, Guy's, St. Thomas's, the Middlesex, the London, the Westminster, Charing-cross, St. Mary's, the Metropolitan Free, and the Central London Ophthalmic.

Lithotomy.—Number of cases, 7; recovered, 4; under treatment, 1; died, 2.

Case 1. A delicate boy, aged 14, who had suffered from symptoms of calculus many months. Operation by Mr. Callaway at Guy's Hospital; a lithic acid stone of considerable size removed. Recovered well. *Case* 2. A man, aged 21, in a good state of health. A very large stone was removed. Death followed on the 10th day, and, from what was found at the autopsy, appeared to have been caused by secondary inflammation of the uterus and kidneys. *Case* 3. A man, aged 34, in a cachectic state of health, having suffered severely from calculus for six or seven years. A large rounded stone was removed. After the operation, the patient had much vomiting, and complained of sharp pain in the region of the bladder. On the fourth day, he rather suddenly sank into extreme collapse, and died. The *post mortem* showed an opening of considerable size through the posterior wall of the bladder into the peritoneal cavity. This opening was exactly opposite the incision in the prostate, and had probably been caused by the point of the knife during the operation. It had, however, ragged edges, and did not look like a clean cut—a circumstance which gave rise to the supposition that there might possibly have been some pre-existing ulceration at that spot, induced by the irritation of the stone. The surgeon under whose care this case occurred is a most skilful operator, and the lesson which it teaches is therefore very strong as to the risk which attends the employment of Key's knife (a long-bladed scalpel *with sharp point*), which was the one used. It also indicates the great importance of having the bladder distended with fluid at the time the incisions are made. The same lamentable accident occurred, we believe, at least once to Mr. Key himself, and has since done so to three or four of the operators who have employed his knife. It is much to be hoped that before long so dangerous an instrument may be finally laid aside. *Case* 4. A boy, aged 5, in St. Mary's Hospital, under the care of Mr. Coulson. The calculus was impacted in the urethra, and it was hoped that it might have been extracted by a single incision over it. During the attempt, however, it slipped back into the bladder, and an ordinary lithotomy had to be performed for its removal. The patient was in good health at the time of operation, and has since done well. *Case* 5. A boy, aged 12, under the care of Mr. Fergusson in King's College Hospital. He has suffered from symptoms of stone most of his life, but was in fair health. He has made a good recovery. *Case* 6. A boy, aged 7, in St. George's Hospital, under the care of Mr. Johnson. A large calculus was removed. No bad symptoms followed, and the wound was healed in a month. *Case* 7. A boy, aged 6, under the care of Mr. Borlase Childs, in the Metropolitan Free Hospital. He was in but poor health at the time of the operation. An oval stone of moderate size was removed. Recovered.

Ovariotomy.—This operation has been attempted in two cases during the past month, in one of which its completion was found impracticable; both have, we regret to say, ended fatally. *Case* 1. A woman, aged about 30, considered, after consultation with the whole staff of the Hospital, to be a fit subject for the operation. The long incision was practised, about two gallons of clear fluid evacuated, and the cyst drawn out. It was then found to be closely adherent to the uterus, and to have a root of attachment altogether at least five inches long. This large pedicle having, with some difficulty, been secured by means of several ligatures, the cyst was cut away, and, subsequently, the actual cautery was applied to some parts which bled. The operation was conducted in a heated room, and was so well managed that, throughout it, no part of the intestines was seen. Death occurred about thirty-nine hours afterwards, probably from commencing peritonitis. No *post mortem* was permitted. *Case* 2. A woman, aged 35. The long incision (four inches) was made, with the intention of removing the cyst. The latter was found, however, to have such extensive adhesions to the pelvic viscera (chiefly to bladder and uterus) that its extraction could not be safely attempted. A puncture was accordingly made, and a catheter left in, the edges of the sac having been fixed by ligature to the borders of the external wound. Death, from a low form of peritonitis, occurred on the fourth day.

Herniotomy.—Mr. Cock's case, in Guy's, and Mr. Luke's, in the London, both previously reported, have been discharged well during the past month. Number of cases, 13; recovered, 6; under treatment, 1; died, 6. *Case* 1. Femoral hernia in a man aged 53, under the care of Mr. Coulson, in St. Mary's Hospital. Strangulation for about three days; sac opened; is doing well. *Case* 2. Femoral hernia in a woman aged 65, under the care of Mr. Fergusson, in King's College Hospital. Strangulation 50 hours; sac not opened; recovered. *Case* 3. A man, aged 55, femoral hernia. Strangulation 48 hours; sac opened. The man had suffered severe diarrhœa previous to the strangulation; and, after the operation, constipation, with stercoraceous vomiting, continued till the third day. Death took place on the eighth day, and the *post mortem* showed ulceration through the coats of one part of the strangulated bowel; escape of feces had, however, been prevented by the effusion of lymph, which had united the part to the adjoining coil of bowel. *Case* 4. A woman, aged 50; femoral hernia; strangulation six or seven days. A large abscess around the sac had much disorganized the parts, and rendered the operation difficult. The operator intended to open the sac, and believed that he had done so. The symptoms of strangulation continued with unabated severity after the operation, and death occurred on the third day. At the autopsy, a loop of intestine was found still tightly strangulated in the femoral ring. Gimbernat's ligament had not been divided; but an opening had been made in the tendon of the external oblique immediately above the free border of Poupart's ligament, and the conjecture was, that the protruded bowel had been returned into this opening, thus doubling it over the seat of stricture. It was not easy to say whether the sac had been opened during the operation, or whether it had been destroyed by the suppuration which preceded it. *Case* 5. A woman, aged 63; femoral hernia, of small size, strangulated two days. Excepting a very small portion, which did not feel like bowel, it had been reduced by taxis, but the continuance of symptoms necessitated an operation. Sac opened, and a small knuckle of intestine found and returned. The patient improved afterwards, vomiting ceased, and she passed one or more motions regularly every day until her death, which occurred rather suddenly on the eighth day. At the *post mortem*, the portion of intestine which had been down was found in a gangrenous condition, although it had not actually given way. *Case* 6. A woman, aged 63, femoral hernia, strangulated three days; sac opened; death on the second day, supposed to be from peritonitis, but no *post mortem* could be obtained. *Case* 7. A man, aged 58, under the care of Mr. Paget, in St. Bartholomew's; congenital hernia, strangulated forty hours; symptoms of strangulation well marked, but not very urgent. On opening the sac it was found to be continuous with the tunica vaginalis testis. No subsequent bad symptom; the wound healed without suppuration of the sac or inflammation of the testicle. It is remarkable that, although the hernia was of the congenital form, yet the man stated that he had never been ruptured until within the last three months. *Case* 8. A woman, aged 52; femoral hernia, of three years' duration, and strangulated four days. Sac opened; intestine found adherent to the sac, and its surface so covered with granulations as almost to conceal its character. Reduction was effected. Death from peritonitis followed; and at the autopsy there was found, in addition to the abdominal inflammation, extensive tubercular disease of both lungs. *Case* 9. A man, aged 37, under the care of Mr. Ward, in the London Hospital; direct inguinal hernia, strangulated twenty-seven hours. Sac opened; recovered. *Case* 10. A man, aged 64, under the care of Mr. Adams, in the London Hospital; femoral hernia, strangulated thirteen hours; sac not opened; recovered. *Case* 11. A woman, aged 46, under the care of Mr. Tatum, in St. George's Hospital; femoral hernia; strangulated 56 hours; sac opened. The bowel was ulcerated in one minute spot, and feces had escaped into the sac; the portion of gut surrounding the orifice was pinched up and tied. The ends of the ligature were then cut close off, and the bowel returned into the abdomen. The patient recovered without bad symptoms. *Case* 12. A woman, aged 76; femoral hernia; strangulated 48 hours; sac opened. Stercoraceous vomiting continued after the operation, and death ensued. At the *post mortem*, the portion of bowel which had been down was found to have mortified. *Case* 13. A man, aged 32, under the care of Mr. Tatum, in St. George's Hospital; strangulation 48 hours. The sac was opened, and the gut was found to be much inflamed. The hernia was of the infantile form, and three layers of serous membrane had consequently to be divided. The patient recovered well.

Trephining of the Skull.—A boy, aged 9, was admitted into St. Bartholomew's, under the care of Mr. Paget, having fallen with the back of his head on an iron spike, and sustained a severe compound fracture of the skull. He was not insensible, and could just manage to stand, but, as the bone was much depressed, Mr. Paget thought it best to operate at once. The elevator was found sufficient, and the trephine not used. As far as was ascertained, the dura mater was not in any way torn. The boy has done well, and has not had a single bad symptom; the wound is now all but healed.

Ligature of Arteries.—Both the cases of ligature of the external iliac (Mr. Skey and Mr. Solly) may be considered convalescent.

During the month there have been performed the following: In St. Mary's Hospital, by Mr. Haynes Walton, ligature of the femoral, in a case of large aneurism in the calf, in which treatment by compression, persevered in for two months, had failed to prevent the increase of the tumour, or to induce solidification of its contents. After the operation, the man did fairly for ten days, when death suddenly occurred. At the *post mortem*, the heart was found extensively diseased, its aortic semilunars being covered with granulations, and one of them torn across at its base. It seemed probable that the rupture of this valve had been the cause of death. The aneurismal sac had in it very little laminated coagula, but contained much soft blood-clot. In St. Bartholomew's Hospital, by Mr. Callender, one of the House-Surgeons, ligature of both ends of a wounded ulnar artery. The ligatures came away on the 11th day.

Compression Treatment of Aneurism.—Mr. Hilton's case, in Guy's Hospital, continues under treatment. In St. George's, a case of double popliteal aneurism is under Mr. Tatum's care; and, in the Middlesex, one of similar nature, but single, is under that of Mr. Moore. Both are being treated by compression.

Amputations.—With one exception, all the cases left under treatment by last month's report are either recovered or doing well.

There have been performed, during the month, 17, of which 3 are recovered, 10 yet under treatment, and 4 dead. Of the *Thigh*, 5.—*Case* 1, under the care of Mr. Paget, in St. Bartholomew's. A boy, aged 14; inflammation of entire shaft of tibia, with necrosis of portions; abscesses in several parts, and ulceration into the knee-joint. The lad was much reduced by the disease, but has recovered remarkably well. *Case* 2. A boy, aged 14, under the care of Mr. South, in St. Thomas's Hospital, on account of diseased knee-joint, with abscesses extending up the thigh; is doing well. *Case* 3. A boy, aged 9, under the care of Mr. South, in St. Thomas's Hospital, on account of diseased knee-joint, and abscesses extending up the thigh. He was extremely ill at the time of the amputation, and death from pyæmia followed on the 7th day. Secondary abscesses were found in the lungs. *Case* 4. A man, aged 36, in a good state of health; amputation for old-standing disease of the knee-joint; death from pyæmia. *Case* 5. Amputation at the hip-joint, by Mr. Adams, in the London Hospital. Death from exhaustion on the 11th day. (See detailed report in the *Medical Times and Gazette* for April 8.) Of the *Leg.*—*Case* 6. A man, aged 38, under the care of Mr. Lawrence, in St. Bartholomew's, on account of diseased tibia, and extensive ulceration of the integument. Secondary hemorrhage occurred, but was arrested by a second ligature applied to the bleeding vessel, and the patient is now doing well. *Case* 7. A man, aged 41, also under Mr. Lawrence's care. Secondary amputation was performed two months after a compound fracture extending into the ankle-joint. Secondary hemorrhage occurred, but ceased on the application of lint soaked in the solution of perchloride of iron; the stump is now doing well. *Case* 8. A man, aged 48, of very intemperate habits, secondary amputation five weeks after a compound fracture extending into the ankle-joint; death, apparently from exhaustion, followed. *Case* 9. A man, aged 35, under the care of Mr. Simon, in St. Thomas's, on account of compound fracture of the leg, extending into the ankle-joint, and attended with laceration of the posterior tibial artery. Primary amputation was performed, and the man is doing well; he had sustained also a simple fracture of the opposite leg. *Case* 10. A man, aged 22, in the Middlesex Hospital, under the care of Mr. Shaw. Amputation in the middle third of the leg was performed, on account of a bad stump, left after spontaneous separation of the foot by gangrene. Of the *Foot.—Case* 11. In King's College Hospital, Hey's amputation of the foot, by Mr. Fergusson; the patient is doing well. *Case* 12. In University College Hospital, by Mr. Erichsen, amputation at the ankle-joint, on account of senile gangrene of the foot, in a man aged 55. The patient was in fair health, and is doing well. Of the *Upper Extremity.—Case* 13. by Mr. Paget, in St. Bartholomew's, amputation in the middle of the forearm, on account of disease of the carpus and wrist-joint. The patient, a man aged 39, is the subject of chronic but advanced phthisis; his stump has healed well, and his health appears to have been considerably benefited by the removal of the diseased hand. *Case* 14. In the London Hospital, by Mr. Curling, amputation through the forearm, on account of the disorganization produced by erysipelas following a laceration of the wrist. A man, aged 60, in feeble health; operation six weeks after the injury; doing well. *Case* 15. Primary amputation of the forearm, on account of compound fracture, by Mr. Poland, in Guy's Hospital; doing well. *Case* 16. Primary amputation at the insertion of the deltoid, by Mr. Solly, in St. Thomas's Hospital. The patient, a boy, aged 9; had sustained a compound fracture of the humerus, extending into the elbow-joint, with laceration of the brachial artery. He is doing well. *Case* 17. Amputation at the wrist-joint, by Mr. Le Gros Clarke, in St. Thomas's Hospital, on account of a large cancerous ulcer on the back of the hand. The patient, a man aged 61, has recovered, with a good stump.

Excision of Bones or Joints.—Mr. Fergusson's two cases of excision of the entire elbow-joint, operated on last month, have both been discharged, the wounds being healed, the power in flexion and extension increasing daily. Mr. Fergusson's case of excision of the ankle-joint is also doing remarkably well. Mr. Erichsen's case of excision of the knee-joint progresses satisfactorily. The boy on whom Mr. Erichsen practised excision of the head of the femur still suffers from hectic and profuse suppuration. Mr. Lloyd's case of partial excision of the elbow-joint, performed in November, is progressing well. The numerous cases of gouging away of portions of the tarsal bones which are on our list are all doing fairly. None of them can, however, as yet be reported as recoveries. Mr. Lane's case of excision of the metatarso-phalangeal joint of the great toe, in St. Mary's Hospital, continues under treatment, and anchylosis is not yet established.

During the month there have been performed the following: By Mr. Hancock, in the Charing-cross Hospital, on one case, gouging away of the diseased portions of the astragalus; and in a second of the os calcis. Both cases are doing well. In Guy's, by Mr. Birkett, the removal of the whole ossified centre of the os calcis of a child, aged 2 years. The necrosis had resulted on an injury.

Operation for Abscess in Bone.—A strumous-looking lad, aged 18, was admitted, under Mr. Birkett's care, into Guy's Hospital, in order to have his leg removed, for what was supposed to be disease of the knee-joint. He had been ill six months, and had throughout suffered intense pain in the bone just above the knee, from the effects of which his health was fast failing. There was apparent enlargement of the bone, and considerable general tumefaction of the soft parts. Remedies having failed to give any degree of relief, Mr. Birkett made a crucial incision over the outer side of the bone, at the most painful spot, and applied the trephine. About ℥ij of healthy-looking pus escaped, and on pressing the finger into the cavity thus opened, it was found to extend into the outer condyle, and to be lined with a soft villous membrane. There was no dead bone. The patient has been free from pain ever since, and is doing well.

Removal of Necrosed Bone.—Several of the cases already reported have been again operated on, as also a considerable number of new ones. Some of the cases, this month, are of interest, but we cannot compress the statement of their important features sufficiently for introduction here, and shall, therefore, notice them in another part of our Reports at a future time.

Excision of Malignant Growths.—With the exception of the cases under the care respectively of Mr. Quain and Mr. Paget, yet under treatment, all the cases mentioned last month are recovered. We were in error, in stating last month, respecting a case under the care of Mr. Stanley, that the penis had been amputated on account of epithelial cancer. The prepuce was the part primarily, and almost solely, affected, and Mr. Stanley accordingly contented himself by dissecting it away from around the corona, shaving off in one spot a small portion of the glans, in which was a suspicious-looking excoriation. The operation succeeded in its intention, as the parts healed well, and a useful organ was preserved.

During the month there have been performed: In Guy's Hospital, by Mr. Cock, the excision of a mass of medullary cancer, the size of two fists, which closely adhered to the periosteum of the fifth and sixth ribs on the right side posteriorly. The patient was a delicate-looking young woman, and attributed the disease to a blow accidentally received three months before. She recovered well. In the University College, by Mr. Erichsen, excision of a scirrhous breast, and several enlarged lymphatics, from a woman, aged 41; doing well. In St. Bartholomew's Hospital, by Mr. Stanley, removal of a scirrhous breast from a woman, aged 38; recovered. Also, by Mr. Stanley, partial excision of a scirrhous tumour of the breast and adjacent parts from a woman, aged 43. Before the operation the tumour was movable, and was believed to be circumscribed, but on making the incisions it was found to involve the pectoral muscle and the cartilages of the ribs, so that its complete extirpation was impracticable. The patient remains in the hospital, and is doing well. Excision of an epithelial cancer of the lower lip by Mr. Wormald, on a man aged 52, an inveterate smoker; recovered. In St. Mary's Hospital, by Mr. S. Lane, excision of a returned scirrhous growth in the cicatrix of a patient whose breast had been amputated for that disease four months ago. In St. Thomas's Hospital, by Mr. Simon, amputation of the penis on account of epithelial cancer; patient a man aged 69, in very good health; recovered.

Excision of Non-Malignant Growths.—Mr. Cock's case of tumour in the pharynx continues under treatment. All the others previously mentioned have recovered. In King's College Hospital Mr. Fergusson has excised during the month a fibrous tumour of the parotid gland having deep attachments, and a similar case has also been operated on by Mr. Birkett, in Guy's Hospital. The patients in both cases have recovered. By Mr. Birkett, in Guy's, there has also been removed a very large tumour from the front of the patella. It had been of three years' duration, and had been painful and fast increasing for three weeks. Its walls were very thick and almost cartilaginous. The wound is nearly healed. In King's College Hospital Mr. Fergusson removed the left testis of a healthy-looking man, aged 32, who had suffered from enlargement of the organ for upwards of eighteen months, the disease being consequent on a blow. It proved to be a good example of the cystic disease in an early stage. (Mr. Fergusson exhibited the specimen at a recent meeting of the pathological Society, and a description of it will be found in the Report of that Society's next meeting.)

Operations for Urethral Stricture.—One of Mr. Partridge's cases in King's College and Mr. Cook's case in Guy's Hospital have been discharged well, the wounds being quite healed. In Mr. Partridge's second case, mentioned last month, death has occurred, and the *post mortem* showed deposit of pus behind the pubes, and between the layers of abdominal muscles. The layers of peritoneum in the pelvis were adherent. With these exceptions the cases already reported remain under care. Mr. Fergusson has performed perineal section during the month on a man admitted into King's College Hospital, almost moribund from extravasation of urine. Free incisions were also practised, and the patient recovered from the effects of the accident and the operation, but died a fortnight afterwards of bronchitis. He was sixty-five years old, and habitually suffered from winter cough. A man was admitted into St. Bartholomew's Hospital, under Mr. Lawrence's care, having broken a home-made gutta percha bougie in his urethra. Having failed in his attempts to extract it by forceps introduced per urethram, Mr. Lawrence made an incision into the urethra behind the scrotum, and removed a portion. It again broke, however, and the terminal fragment was left in the bladder. The wound being free, Mr. Lawrence did not incline to attempt any further operation for the removal of this portion. It came away spontaneously by the wound a few days afterwards, and the incision is now fast healing. In St. Mary's Hospital perineal section has been performed by Mr. Ure. The man was admitted with extravasation of urine, free incisions were practised, and a small catheter passed, and on the following day Syme's staff was introduced, and the stricture divided upon it. The man is doing well.

Paracentesis Thoracis.—Several cases remain under care in which this operation has been performed.

Paracentesis Abdominis.—In 7 cases, 4 for ascites, and 3 for ovarian dropsy. In one of the ascites cases peritonitis followed, and death in forty-eight hours. All the others have recovered from the operation.

Ligature, etc., of Nævus.—The cases mentioned last month remain under care. In two cases, in St. Bartholomew's Hospital, of small cutaneous nævus of the scalp, Mr. Lawrence has successfully employed the strong nitric acid. It was freely applied, and, in each case, a single application proved effectual. In a case under the care of Mr. Paget, situated on the tip of the nose, the subcutaneous ligature has been successful.

Fistula in Ano.—Several cases have been operated on during the month, but do not require especial notice.

Operations for Ununited Fracture.—The two cases under care at St. Bartholomew's remain under treatment. Mr. Stanley has operated on a man for ununited fracture of the right femur, by means of ivory pegs introduced into the ends of the bones; the apposition of the latter being secured by a strong silvered wire connecting them together; and brought out at the wound. The man had since suffered severely from inflammation of the thigh, sloughing condition of the wound, and consequent constitutional disturbance. He is now improving. It has been found needful to remove the wire. A boy, under the care of Mr. Lawrence, with non-union of the left tibia, fractured seven months ago, is progressing well, under treatment with a starch bandage, and permission to walk about.

Plastic Operations.—The cases of vesicovaginal fistula remain under care, as also one of ruptured perinæum in St. Mary's Hospital, under Mr. Baker Brown. In a case of laceration of the lip in a child, in which, after healing, a notch half an inch deep had been left, Mr. Cock, in Guy's Hospital, performed an ordinary harelip operation with success.

Operation for Cataract—Absorption.—One case, under the care of Mr. Wharton Jones, in University College Hospital, and two under Mr. Haynes Walton, in the Central London Ophthalmic: all recovered. *Extraction.*—In a case in the London Hospital, in which the lens had become dislocated into the anterior chamber, Mr. Critchett performed extraction successfully. It is remarkable, that the patient was not aware of having received any injury to the eye. In a case of cretaceous deposit in the lens of a lost eye, Mr. Walton extracted, on account of the irritation it was causing to the opposite organ, the best effect was produced.

Artificial Pupil.—This operation has been done successfully in two cases. In one, under the care of Mr. Critchett, in the London Hospital, in which the pupil had been occluded by effused lymph, the lens not being opaque, in a second by Mr. Walton, on account of prolapse of the iris, and obliteration of the pupil, in consequence of purulent ophthalmia.

Ectropium.—In a case under the care of Mr. Walton, considerable benefit has resulted from dissecting away almost the whole of the tarsal conjunctiva.—*Medical Times and Gazette*, April 22, 1854.

CHOLERA.

Preparations for Cholera.—The following editorial remarks on this subject, in a late number of the *Med. Times and Gazette*, are altogether just, and we invite the attention of the proper authorities in this country to them.

In all preparations to meet the cholera, we have observed, with deep regret, that too great a regard for economy seems to have had far greater weight with the majority of public boards than the welfare of the population; and that, in consequence, notwithstanding the emphatic warnings which have been given, to attend to matters connected with sanitary improvement, very little has yet been accomplished. As the disease is not now actually devastating the country, we act as if it had quitted our shores; and the apathy of the authorities resembles the torpor of the Italian peasant, who slumbers securely upon the slopes of Vesuvius, and disregards the subterranean thunders of the burning mountain till he is overwhelmed beneath its liquid fires.

The slightest reflection upon the nature of cholera must prove, to any thinking mind, the necessity of taking precautionary measures while the disease is still at some distance, instead of waiting until it is fully established among us, and when the terror inspired by the malady, the actual attendance upon the sick, and the task of burying the dead, so paralyze the effect of sanitary precautions as to render them almost valueless.

But, while we admit the difficulty of restoring the patient to health, after the stage of collapse has commenced, it must also be remembered that the disease, in this its most aggravated form, seizes wholly or chiefly those persons who, from defective sanitary and personal precautions, are more immediately open to its influence. Admitting that the cholera poison is diffused in the elements around us, and that we are all more or less exposed to its contamination, it is a deduction from physiological reasoning, as it is a result of experience, that the miasm is more readily absorbed by those who are ill-fed, ill-clothed, unclean, and intemperate, than by those in opposite conditions; and it is almost equally apparent that the poison will be generated in greater quantity, and will produce more deadly effects in close, ill-ventilated, densely-peopled, and damp localities, than in those which are dry and elevated, clean and airy. These truths have been so often impressed upon the public mind, both medical and non-medical, that they must be familiar "household words," and yet it is incredible how the voice of science, reason, and experience, has hitherto been neglected.

We would, therefore, again earnestly invite attention to this most important subject, for the old and trite proverb, "prevention is better than cure," was never more truly exemplified than in the history of cholera. Amid the wealth and magnificence which everywhere strike the eye in our immense metropolis, it is well known to the medical practitioner that dens of filth, and poverty, and wretchedness, too freely abound, in which localities disease erects its throne, and death prematurely decimates the unfortunate residents. Such dark spots might be pointed out as almost the certain scenes which would be selected by a new cholera epidemic; and when such a visitation occurs, and hundreds are swept away by the disease, then, and not till then, will the vigilance of the authorities be aroused, and a vain attempt made to control the ravages of the destroyer. But, surely *now* is the time for the benevolent work to be done; *now*, when the population is comparatively healthy; *now*, while we are under no immediate apprehension, and our minds can calmly contemplate our allotted tasks. It is now the time to visit the dwellings of the poor, to exhort this class of persons to cleanliness and temperance, to point out to them the utility of fresh air and pure water, and to urge the necessity of attending to any symptoms of disease, however slight they may at first appear. Nor must it be forgotten that, while the services of the medical practitioner are invaluable in rectifying any distinctly morbid indications, it is no less essential that the bodily necessities of the poor should be inquired into and promptly relieved, for good food and good clothing are quite as important, and in some cases even more so than medicine.

No less important is it to cleanse all close streets, courts, and alleys, to destroy or remove all vegetable and animal accumulations, to separate families who are living too densely together in the same dwellings, to remove the sick from the centres of disease, and to place them in well-ordered hospitals or houses of refuge, and to bury the dead as soon as convenience will permit. The formation of such houses of refuge should be arranged *now* that we have time, and not amid the hurry and confusion of an epidemic.

Sugar in Cholera.—Dr. J. Innis Mackintosh recommends (*Lancet*, April 8, 1854,) sugar in the treatment of cholera, and asserts that under its use, in thirteen cases of collapse, nine recovered. He gives it as follows: Two ounces of refined sugar are dissolved in six ounces of camphor mixture, with a few drops of rectified spirit. One tablespoonful was given every ten minutes. Wine was also generally given in frequent quantities, and beef tea.

Whether or not the wine, beef tea, and camphor had not more to do with the cure than the sugar, we leave the reader to decide.

Cholera at Jamaica.—At the last advices cholera was raging to a fearful extent at various places on this island.

Cholera in Mexico.—By a late arrival, we learn that cholera was prevailing to a frightful extent in various parts of Mexico. In one day there were 200 deaths in the capital. Madam Sontag, Mr. Barclay, the Secretary of the English Legation, and Senor Bustamente, the Secretary of the Spanish Legation are among its victims.

The Cost of Epidemics.—During the sitting of the government commission, held at Newcastle-on-Tyne, to inquire into the cause of the fearful ravages of cholera in that town, Mr. J. B. Hume, the chief commissioner, from evidence that had been laid before him, made a calculation that the epidemic had cost the town £3,800 for medicine and burials alone, and would cost it £50 a week for eight years, to support the widows and destitute—nearly £30,000. In addition to this sum, he said, some thousands of pounds had been collected and distributed by the Vicar. There are also 200 benefit societies in the town, and taking the average loss at £500 each, made £10,000 more.—*Lancet*, Feb. 25, 1854.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Epidemic Cholera.—This disease is at present prevailing to a greater or less extent in various portions of our country. At different towns on the Mississippi River, and even in the interior of the States of Missouri and Kentucky, it is said to prevail to a considerable extent. In New York, Philadelphia, Boston, and Washington, the disease has made its appearance, but so far to only a limited extent. The following Table shows the mortality from bowel complaints in Philadelphia and New York, during each of the past four weeks :—

Philadelphia.									New York.								
1854.									1854.								
Week ending.	Total mortality.	Cholera asphyxia.	Cholera infantum.	Cholera morbus.	Diarrhœa.	Dysentery.	Inflammation of stomach and bowels.	Total of bowel complaints.	Week ending.	Total mortality.	Cholera asphyxia.	Cholera infantum.	Cholera morbus.	Diarrhœa.	Dysentery.	Inflammation of stomach and bowels.	Total of bowel complaints.
June 3	166	0	2	0	3	2	2	9	June 3	415	12	5	12	7	16	13	65
" 10	188	0	4	0	3	1	3	11	" 10	408	14	6	5	11	7	13	56
" 17	177	0	4	0	3	7	4	18	" 17	429	57	4	5	6	2	9	83
" 24	222	9	14	4	5	7	4	43	" 24	438	45	13	8	11	5	7	89

Death from Chloroform.—It is stated in the Springfield newspaper, that Mrs. Amasa W. Richardson, of North Adams, came to her death in consequence of inhaling chloroform administered by Dr. C. E. Streeter, for the purpose of extracting a tooth.

Pennsylvania College.—This school has been recently reorganized by authority of the Board of Trustees of Pennsylvania College of Gettysburg, and the Faculty is now constituted as follows :—

David Gilbert, M. D., Professor of Obstetrics, and Diseases of Women and Children.

Alfred Stillé, M. D., Professor of Theory and Practice of Medicine.

John Neill, M. D., Professor of Principles and Practice of Surgery.

J. M. Allen, M. D., Professor of Anatomy.

John J. Reese, M. D., Professor of Medical Chemistry and Pharmacy.

Francis G. Smith, M. D., Professor of Institutes of Medicine.

John B. Biddle, M. D., Professor of Therapeutics and Materia Medica.

The new members of the Faculty are Drs. A. Stillé and John Neill. The former, who is one of the most accomplished physicians in our country, is well known by his writings, which have justly earned for him a high reputation. He has been for some years one of the physicians to St. Joseph's Hospital, and has lectured on the Practice of Medicine in the Philadelphia School for Medical Instruction.

Dr. Neill is one of the surgeons of the Pennsylvania Hospital, is a fluent and pleasant lecturer, and a well-read and judicious surgeon. These acquisitions cannot but add considerably to the strength of this school.

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American Journal of Insanity.—We regret to learn from the April No. of this journal, that Dr. T. R. Beck, who for the last four years has conducted it with so much ability, "admonished by advancing age and more imperative avocations," has retired from the editorship. We wish him in his retirement the ease and comfort to which his long career of useful labour so justly entitles him.

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Medical Graduates, 1854:—

University of Louisiana	51
University of Nashville	71
Memphis Medical College	16
University of Louisville	82
College of Phys. and Surgeons, N. Y.	44
University of St. Louis	31
Cleveland Medical College	61
University of Maryland	50
Ohio Medical College	24
Starling Medical College	25
Miami Medical College	17
University of Missouri	35
Medical College of South Carolina	78

—

New Orleans Medical News and Hospital Gazette. — This is the title of a semi-monthly journal, edited by Drs. Coppin, Beard, Schlater, and Boyer, of New Orleans, the first No. of which was issued on the first of March last. It is conducted with much ability, and we wish its editors success in their enterprise.

FOREIGN INTELLIGENCE.

Death from the Inhalation of Chloroform.—Jane Morgan, aged 59, was admitted into the Bristol Royal Infirmary, January 19th, 1854, with dislocation of the humerus. On the 21st of January, chloroform was given preparatory to making efforts for reduction. One drachm of chloroform, from the manufactory of Duncan, Flockart & Co., of Edinburgh, was poured on a cupped porous sponge, and care was taken to insure a due passage of atmospheric air. Nothing unusual occurring in the patient's general condition during inhalation, a second drachm was poured on the sponge, and the inhalation continued. Almost immediately after the addition of the second drachm the chloroform was withdrawn, as the patient's breathing became stertorous, and immediately afterwards her pulse suddenly became imperceptible, and respiration ceased. All efforts at resuscitation proved fruitless.

—

Transfixure of the Body by a Bayonet, without Symptoms.—A gunner and driver of the Royal Artillery had made a murderous attack upon his sergeant with a bayonet, whereby he inflicted two wounds, happily superficial only, upon one leg and arm. Foiled in his efforts of greater success by the seasonable arrival of some other soldiers, the culprit rushed through the barrack-square to escape his pursuers, when the sentry on duty at the gate interposed himself with his carbine, in the attitude of "charge bayonets," to obstruct him. The consequence of this movement to the other was, that, as he was rushing through a narrow passage with an impetus which he could not in time control, he threw himself (not premeditatedly, it will be understood) with great force upon the bayonet of the sentry, which entered his body an inch to the left of the ensiform cartilage, and, passing through the abdomen, emerged by its point on the left of and close to the spinal column some inches lower down.

When I reached the scene of action, within two minutes after, I found the subject of this wound sitting up on a form in the guard-room, as insensible to any effects from the injury as he was unconcerned at his crime. I could not, therefore, at first believe the statement of his comrades, who told me what had happened, although the bayonet was handed to me, *bent* by the violence to which it had been exposed; but, on stripping the wounded man, I discovered the two openings of entrance and exit of the bayonet, corresponding, in form and diameter, to those which the different parts of the weapon would have occasioned. Added to this, the bayonet was withdrawn from his body by a non-commissioned officer, upon whose testimony I could rely; and, what is more, this withdrawal of it was witnessed by a crowd of other soldiers around.

Now, this desperate character marched, in a quarter of an hour afterwards, to the hospital, three-quarters of a mile distant; and, at the end of a fortnight, was discharged from the same, to be placed upon trial for his life. The day after his admission, his urine was a little bloody; and, subsequently, there was a general anæsthesia of the walls of the thorax and abdomen, which lasted but for a while. With these exceptions, the injury was not followed by a symptom, nor did the subject of it require a dose of medicine for his recovery.

To the circumstance of the affray having been enacted *before* dinner, I am disposed to attribute much of the immunity from evil which this ruffian enjoyed. Had the stomach been full, it is not easy to conceive that a bayonet could have travelled through such a track of vital organs, without endangering one or more.—*Med. Times and Gaz.* May 6, 1854.

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Pins removed from various parts of the Body.—Mr. Henry Thompson exhibited to the Pathological Society of London, March 7, 1854, a number of pins removed from various parts of the body. The patient, a young woman, was taking down clothes from the drying-lines, and putting the pins in her mouth, when some one came behind her and seized her by her arms, startling her so much that she swallowed the whole mouthful. A neighbouring practitioner was immediately called in, and administered purgatives and emetics, but none of the pins were evacuated. After this, she lost her appetite, had frequent attacks of vomiting, and became much emaciated; a small swelling showed itself under her left breast, which ulcerated and burst, giving passage to a pin, the head of which was gone. Sixteen others were removed from about the same spot, and others from the left knee, from over the sternum, and from the wrist, in all twenty-two in number. They had all lost their heads except two, and she has lately vomited a number of detached pin-heads.

Mr. Partridge asked, if Mr. Thompson believed that the woman had really swallowed the pins; all these cases were in his opinion those of hysterical girls, who themselves put the pins into those parts of their bodies from which they were afterwards removed by their medical attendants.

Mr. Thompson said, that her master saw her swallow the pins, and Mr. Jones, who had attended her while the pins were making their way to the surface, believed that her account was a true one. To show that such substances may remain in the intestinal canal for a long time, he would refer to a case related in the Transactions of the Medico-Chirurgical Society, where upwards of a pound of pins was found in the stomach and duodenum twelve months after they had been swallowed.

Dr. Fuller knew a case where a child who swallowed a pin, was ill for twelve months after, and the pin was finally removed from the buttock.

Mr. Mitchell Henry said, that, in the Museum of the College of Surgeons, there were preserved 500 pins found in the body of a Danish Jewess. He also mentioned a case which came under his own notice, where a pin was taken from an abscess in the leg of a child.

Dr. Ogier Ward had often found large pins, such as those used in bleaching-grounds, in the beef of oxen who had been fed in those districts where bleaching was carried on.—*Med. Times and Gaz.* March 18, 1854.

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Radical Cure of Inguinal Hernia.—On the 28th of last March, M. Jobert (de Lamballe) presented a patient to the Academy of Medicine, in whom he had produced a radical cure of inguinal hernia, by puncturing the sac and injecting iodine, which, by occasioning adhesive inflammation, had caused permanent obliteration of the sac.

The worst enemy of the Soldier.—Civilians think that shot kills most soldiers, but Colonel Queach, a Peninsular officer of some experience, and an authority upon the subject, having served throughout the Peninsular campaigns with the old 95th Rifles, says that 40,000 men were killed in action or died of wounds—120,000 died of disease, a great deal of which was rendered fatal by the want of proper medical attendance; whilst 120,000 more were, by disease, rendered unfit for service. What a melancholy retrospect! A numerous and well-appointed medical staff is of the first importance in military operations, and would be cheap at any cost, however high or beyond the usual rate.—*Lancet*, April 29.

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Medical Intelligence relative to the War in the East.—Letters from Bucharest under date of May 20, state that the encounter at Oltenitza was a very sanguinary one, for 289 wagons containing wounded Russian soldiers, had come from the battle-field into Bucharest. A letter six days earlier—namely, on the 14th—from the Lower Danube, written by the army medical correspondent of the *Medicinische Wochenschrift*, makes mention of the merciless manner in which the Russian generals devote whole battalions to death, without taking any trouble to reconnoitre the ground, or calculate their chances of success and defeat in any undertaking. The number of bodies taken up on the field in the battles with the Ottomans at Trajan's Wall, and on the line of march of Turtukan, Silistria, and Rassova, is stated, from official returns, to amount already to 5,000. The encamping of armies in the neighbourhood of recent battle-fields is extremely dangerous, as the dead cannot be buried fast enough, and for a number of days the atmosphere is loaded with the effluvia of putrefaction; typhus and gastric fevers of a very malignant character, and in some cases gangrene of the cellular tissue, and other dangerous distempers, have been observed.

Sebastopol.—The last accounts from the Black Sea announce that the mortality is very great at Sebastopol. This circumstance is attributed to violent fevers, which are generally prevalent at the change of the seasons. Prince Menschikoff has caused all the sick to be removed from the Hospital Alexander, and carried to a temporary one established on a height out of the town.

Sickness among the Russian Troops in the Dobrudscha.—By the last letters from the banks of the Danube, we find that the Russian army is suffering very much from sickness, and that entire companies are being daily carried off by dysentery. The mortality is described as being so great in the newly arrived regiments, that they were ordered to recross the Danube, and return to a more healthy locality.

—

Prof. Tiedemann.—The *Fête Jubilaire* of the celebrated anatomist, Frederick Tiedemann, who was made Doctor of Medicine in March, 1804, and who has resided at Frankfort four years, has just been celebrated in that town. He was Professor at Heidelberg more than forty years, and he retired from the University in 1849, in consequence of a great domestic affliction—namely, when his son was shot by the Prussian soldiers. The Universities of Heidelberg, of Giessen, of Friburg, and of Wurtzburg; the Imperial Society of Naturalists and of the Academy of Sciences at Munich; the Medical Corporation of Mayence; the Learned Societies of Frankfort, and the Municipality of the town of Heidelberg, sent envoys to give him their felicitations. The Society of Natural History of Frankfort opened a subscription for a gold medal, executed at Munich, to be presented to this celebrated anatomist. On one side is a portrait of the Professor, and on the other a star-fish, the subject of his first great monograph, which was rewarded by the Institute of France.—*Gaz. Hebd.*

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University of Edinburgh.—Prof. FORBES has been appointed to the Chair of Natural History in this Institution, long filled by the late Prof. Jameson. This is an excellent appointment. Prof. Forbes is one of the most eminent and zealous naturalists of the age.

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To Readers and Correspondents.—Dr. BENNETT's valuable work on Pulmonary Tuberculosis will be completed in our No. for next month.

In the succeeding No. will be commenced the recent important practical volume on Ulcerations of the Os Uteri, by Dr. Charles West, and the whole of it will be given within the present year.

THE MEDICAL NEWS AND LIBRARY.

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BENNETT, PULMONARY TUBERCULOSIS, TWENTY-FOUR PAGES.

CLINICS.

Statistical Report of the Principal Operations performed in the London Hospitals during the month of April, 1854.

Lithotomy.—The case left under care (No. 4) by our last report has since recovered.

Number of cases, 3; recovered, 2; died, 1. *Case* 1. A rather delicate boy, aged 6, under the care of Mr. Cock, in Guy's Hospital. Two small stones were removed. Some considerable bleeding followed the operation, but he ultimately recovered well. *Case* 2. A boy, aged 5, in average health, but the subject of rickets, under the care of Mr. Adams, in the London Hospital. The stone was soft, and broke into fragments during the removal. It was, however, successfully extracted, and the boy recovered well. *Case* 3. A man, aged 31, in but poor health, and suffering extremely from the stone. The extraction was performed in the usual way, and a large oval calculus removed, which weighed an ounce and a half. The man afterwards sank into a low state, and had the symptoms of pyæmia. Death took place on the 8th day, and the autopsy showed abscesses in both kidneys, crude tubercles in the right lung, and a large collection of matter in the left knee-joint.

Herniotomy.—The patient under the care of Mr. Coulson, mentioned last month (*Case* 1), has since recovered.

Number of cases, 14; recovered, 9; under treatment, 1; died, 1. *Case* 1. A man, aged 44, under the care of Mr. Wordsworth, in the London Hospital, had large femoral herniæ on both sides. On the right side, a tumour the size of an egg became tightly strangulated. Strangulation had existed twenty-four hours when the operation was performed. The sac was opened. The man recovered without a bad symptom. *Case* 2. A woman, aged 54, had had ill-marked symptoms of strangulated femoral hernia for three days. There was an enlarged gland over the femoral sheath, and the operation was at length performed in much uncertainty as to whether there really was a hernia or not. Behind the gland a small knuckle of intestine was found, which, after some difficulty, was reduced without opening the sac, and consequently unseen. The symptoms of strangulation continued,

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Published monthly by BLANCHARD & LEA, Philadelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage to the subscriber.*

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and indeed increased in severity; and on the fourth day afterwards, the patient being then in an almost hopeless condition, gastrotomy was performed as a last resource. The intestine was found lying just within the abdomen in a gangrenous condition. It was opened, and about half a pint of fluid feces evacuated. The vomiting still persisted afterwards, and the patient had no evacuation by the bowels. Death took place on the sixth day, and at the *post mortem* the portion of intestine which had been down was found in a completely gangrenous state. There were no evidences of peritonitis. The operator in this case much regretted that the sac had not been opened at the time of the first operation. *Case* 3. A girl, aged 7, under the care of Mr. Johnson, in St. George's Hospital; hernia femoral; strangulated 36 hours; sac opened; recovered. In this case, as in the preceding, the tumour consisted in part of an inflamed lymphatic, which lay in front of the loop of intestine. *Case* 4. A man, aged 45, under the care of Mr. Curling, in the London Hospital. The hernia was inguinal, but, instead of passing down into the scrotum, it had turned up over the border of the conjoined tendons, and been forced between the abdominal muscles to considerably above the level of the anterior superior spine of the ilium. The hernia had previously been scrotal, and was thought to have been reduced by taxis. Strangulation had existed four days, but the symptoms had not been severe until within fifteen hours of the operation. The sac contained much fluid, and came into view as soon as the fibres of the external oblique were divided; it was opened, and a large mass of chocolate-coloured intestine exposed. Peritonitis followed the operation, and the man had much sickness for several days, but he ultimately recovered under the free use of opium. *Case* 5. A man, aged 48, under the care of Mr. Curling, in the London Hospital; hernia inguinal; strangulation about 24 hours; sac opened, and a large mass of omentum cut away. Peritonitis followed, but was controlled by opium, and the man recovered. *Case* 6. A woman, aged 62; hernia umbilical, and very large; strangulation 6 days; sac opened. The symptoms continued after the operation, and death followed in 21 hours. The autopsy showed that the sac contained the seven lower feet of ilium, and a knuckle of the transverse colon. There was an internal constriction by means of a band of omentum, which had doubtless been the cause of death. The intestines appeared healthy, and there were but slight evidences of peritonitis. *Case* 7. A boy, aged 14, under the care of Mr. Luke, in the London Hospital; hernia inguinal. Under the influence of chloroform, the taxis had been used with apparent success, but, the symptoms continuing, Mr. Luke afterwards operated, and found that a reduction *en masse* had been effected. The sac was drawn down and held in position by forceps, and the stricture divided. The boy recovered. *Case* 8. A man, aged 53; hernia inguinal; strangulated 36 hours; sac opened. After the operation, which had not been a long one, the man continued sick, and in a state of great collapse, which symptoms continued until death took place twenty-four hours subsequently. The *post mortem* showed nothing to account for the result. The intestine had been completely relieved, and had nearly resumed its natural appearance. Chloroform had been given during the operation. *Case* 9. A woman, aged 50, operated on by Mr. Hillman, in the Westminster Hospital; hernia femoral; strangulation 16 hours; sac opened; is doing well. *Case* 10. A woman, aged 72, hernia femoral; strangulation 24 hours; sac opened; death. *Case* 11. A woman, aged 32, under the care of Mr. Pollock, in St. George's Hospital; hernia femoral; strangulated 24 hours; sac opened; recovered. *Case* 12. A woman, aged 55, under the care of Mr. Cock, in Guy's Hospital; hernia femoral; strangulation 17 hours; sac opened; recovered. *Case* 13. A woman, aged 45, under the care of Mr. Adams, in the London Hospital; hernia femoral; strangulation 3 days; sac opened; is doing well. *Case* 14. A lad, aged 17, under the care of Mr. Cock, in Guy's Hospital; hernia femoral; strangulation 24 hours; sac opened; recovered.

Ligature of Arteries.—Case 1. A man of middle age, under the care of Mr. Simon, in St. Thomas's Hospital, for popliteal aneurism of large size. The tumour was increasing so rapidly that it was not deemed expedient to try the compression treatment, and ligature of the femoral was accordingly at once performed. The ligature came away on the seventeenth day; no bad symptoms whatever followed; the tumour became hard, and diminished in size, and the man has since left the hospital well. *Case* 2. In Mr. Tatum's case of double popliteal aneurism, in St. George's Hospital, mentioned last week as under compression treatment, it was found necessary to place a ligature on the left femoral; gangrene of the foot followed; amputation of the thigh had to be performed, and the man ultimately died. The case had many very instructive features, and we hope, at a future time, to give its details. *Case* 3. In the case of a man, aged 60, under Mr. Curling's care, in the London Hospital, on whom secondary amputation of the forearm had been performed last month, it became necessary, in the beginning of April, on account of repeated and very profuse attacks of secondary hemorrhage, to place a ligature on the brachial. This measure was adopted with complete success; the ligature has since come away, and no fresh bleeding has occurred. The man, who was extremely exsanguined by the loss of blood, has since gained strength, and is now able to leave his bed.

Compression Treatment of Aneurism.—In Mr. Hilton's case of popliteal aneurism in Guy's Hospital the patient has been discharged well. Our readers may, perhaps, remember, from our frequent mention of this case, that it was one in which the compression at first promised a speedy cure; the tumour, which had been large, being very quickly reduced to a small and almost solid mass. In that state it remained obstinately, without further solidification, and, when the man attempted to walk about, it enlarged. The patient suffered nothing whatever in health, and the compression was accordingly persevered with through eight months. The final cure has been effected by making pressure by means of bandage and compress on the sac itself. Mr. Moore's case of popliteal aneurism in the Middlesex Hospital has also resulted in a cure. The compression was kept up for thirty days. Mr. Tatum's, in St. George's, as we have just seen, has terminated fatally. During April, a case of popliteal aneurism has been admitted into the Middlesex Hospital, under the care of Mr. De Morgan, and is now being treated by compression, with promise of good result.

Amputations.—Several of the cases mentioned last month have recovered; the others are under treatment, and doing well. There have been performed during the month 17, of which 2 are recovered, 6 yet under treatment, and 9 dead. Of the *Thigh—Case* 1. A man, aged 50, under the care of Mr. Quain, in University College Hospital for diseased knee-joint; had erysipelas after the operation, but is now doing well. *Case* 2. The case on which amputation had been performed for gangrene of the leg, after ligature of the femoral. (See above.) *Case* 3. A man of middle age, under the care of Mr. De Morgan, in the Middlesex Hospital, for malignant growth from the lower end of the femur; amputation high up in the thigh; doing well. *Case* 4. A man, aged 45, in great collapse from the effects of an extensive laceration of the foot and leg, involving the knee-joint; sank from shock during the performance of a primary amputation. *Case* 5. A man, aged 19, under Mr. Fergusson's care in King's College Hospital, for a very large malignant growth from the lower part of the femur. Death took place on the tenth day. He had done badly ever after, but an attack of secondary hemorrhage was the immediate cause of his sinking. Of the *Leg—Case* 6. A man, aged 46, under the care of Mr. Birkett, in Guy's Hospital, for compound fracture of the leg. He had been of very intemperate habits, and though the case promised well at first, yet, at the end of a fortnight, he was so much reduced by the suppuration, that amputation had to be performed. The examination of the limb after removal, showed that the fracture had extended into the ankle-joint, in which suppuration was going on. The patient is now doing well. *Case* 7. A woman, aged 20, in Guy's Hospital, under the care of Mr. Hilton, on account of old disease of the fibula and extensive ulceration of the soft parts around it. Amputation in the upper third of the leg was performed, and the patient has recovered well. *Case* 8. A man, aged 17, in St. Thomas's Hospital, under the care of Mr. Le Gros Clarke, on account of long-standing disease of the tibia, with anchylosis of the knee at right angles. He was in very good health. Amputation was performed just below the knee. Extreme difficulty was encountered in placing a ligature on the artery, on account partly of its softened and friable coats, but chiefly from the solidified condition of the tissues surrounding it, which had been the seat of much bygone inflammation. By passing an armed aneurism needle deeply into the tissues, the artery was, however, at length secured. The man has made a very good recovery, and no secondary hemorrhage occurred. *Case* 9. A man, aged about 58, under the care of Mr. Stanley for chronic caries of the tarsal bones, involving also the ankle-joint, The amputation was done in the lower third of the leg, which had been long affected by solid œdema. The difficulties mentioned in the preceding case were encountered and overcome in a similar manner. The man was in good health at the time, but rather fat and heavy. He afterwards had some erysipelas about the leg and thigh, and got into a weak state. On the tenth day, a slight attack of secondary hemorrhage occurred, from the effects of which he died. The *post mortem* showed that the arteries, where ligatured, were in an advanced stage of calcareous degeneration. *Case* 10. A man, aged 42, and previously healthy, had both his legs crushed in a railway accident. Double primary amputation was performed, and death from exhaustion followed on the fourth day. There had been no attempt at reparation in either stump. *Case* 11. A very fat man, aged 54, had a compound and comminuted fracture of the leg, for which primary amputation was performed. He died on the second day, having had symptoms of pneumonia on the right side. No autopsy followed. *Case* 12. A man, aged 42, had secondary amputation performed on account of gangrene of the foot after a severe injury. Gangrene attacked the stump, and he died of exhaustion four days after the operation. Of the *Foot.—Case* 13. In University College Hospital on a patient, aged 43, under the care of Mr. Marshall, Chopart's amputation, on account of carious disease of the bones of the lower part of the foot. *Case* 14. A man, aged 20, had primary amputation of all the phalanges of one foot, the fourth and fifth metatarsal bones, and the heads of the others. He had previously been a healthy man. Well-marked symptoms of phlebitis and pyæmia followed the operation, and he died on the 17th day. No autopsy was allowed. *Of the Upper Extremity.—Case* 15. A man, aged 56, had secondary amputation of the arm performed seven weeks after a compound fracture of the olecranon. He was extremely ill at the time of the operation. Death, with the symptoms of pyæmia, occurred a fortnight afterwards. In the original accident, he had sustained also a simple fracture of the right thigh, and to this, as appeared probable from the result of the *post mortem*, his death was really due. The veins of the arm were quite healthy, as were also those of the whole body, except the femoral and iliac of the right side, which contained much softened fibrin and pus, the former adhering closely to their coats. The diseased condition ended abruptly at the junction of the common iliacs. There were purulent deposits in the lungs, and in the right hip, knee, and shoulder joints. *Case* 16. A man, aged 34, under the care of Mr. Adams, in the London Hospital, has had primary amputation of the upper arm performed, and is doing well. *Case* 17. A man, aged 56, under the care of Mr. Adams, in the London Hospital, has had secondary amputation of the forearm performed on account of sloughing after a contused injury to the hand, and remains under treatment.

Excision of Bones and Joints.—Mr. Fergusson's case of excision of the ankle-joint is still under treatment, as also Mr. Erichsen's cases of excision of the knee-joint and of the head of the femur. Mr. Hancock's cases in Charing-Cross Hospital have done well. The young man from whom a necrossed cuboid bone had been extracted has been discharged, the wound being nearly healed; and in the other, in which part of the astragalus had been removed, the wound is rapidly closing. Mr. Lloyd's case of partial excision of the elbow-joint has been discharged to go into the country, but not in a very hopeful state. Mr. Birkett's case of removal of the necrosed centre of the os calcis, as also numerous others, by different operators, of gouging away portions of the tarsal bones, remains under care. In Mr. Lane's case of excision of the metatarso-phalangeal joint of the great toe, in St. Mary's Hospital, the bones have not united, and it is feared that amputation may yet be necessitated.

During the month there have been performed: *Case* 1, by Mr. Fergusson, in King's College Hospital, excision of the articular head and both trochanters of a femur dislocated by old-standing disease of the hip. The patient, a girl aged 12, is doing remarkably well. *Case* 2. Excision of the elbow-joint in a woman for ulceration of the articular cartilages, by Mr. Fergusson, in King's College Hospital, under treatment. *Case* 3. In Guy's Hospital, by

Mr. Hilton, excision of the diseased elbow-joint of a strumous child, aged four years, under treatment. *Case* 4. Excision of the greater part of a necrosed scaphoid bone, by Mr. Birkett, in Guy's Hospital. The patient was a man, in very ill health, aged 20. After the operation, sloughing attacked the wound, but it has now ceased, and there seems every probability that the case will do well. *Case* 5. Excision of the articular head of the radius, in a case of diseased elbow-joint, by Mr. Birkett, in Guy's Hospital. The disease appeared to have begun in, and to be still chiefly confined to, the radius. On being exposed, the head of that bone was found rough and carious, and was gouged away. The patient is a moderately healthy girl, aged 20, and the disease had existed for two years. *Cases* 6 and 7. In a case in St. Mary's Hospital, Mr. Coulson has removed part of the os calcis, and, in a second, parts both of the os calcis and astragalus. Both cases are doing well; the one is a man, aged 33; the other, a child, aged 13.

Removal of Necrosed Bone.—Several of the cases previously reported have recovered, but some of them continue under care. During the month nine operations of this class have been performed, and all are doing well.

Excision of Malignant Growths.—The cases mentioned last month have since recovered, with the exception of that under the care of Mr. Quain, in University College, in which a third operation has been performed.

During the month there have been performed: *Case* 1. Excision of a large melanotic growth from the back of a young woman, under the care of Mr. South, in St. Thomas's Hospital. The tumour had the size of half an orange, but was flattened. It was loose and movable. A mole had been known to exist on the spot for six years, but the disease had been in active growth for but one year. The patient recovered quickly. *Case* 2. A girl, aged 6, under the care of Mr. Quain, in University College Hospital, had a third operation performed for the removal of a fibro-plastic growth within the orbit, which had reappeared. *Case* 3. A man, aged 67, had amputation of the penis performed by Mr. Coulson, in St. Mary's Hospital, on account of epithelial cancer; recovered. *Case* 4. A chimney-sweep, aged 42, under the care of Mr. Stanley, in St. Bartholomew's Hospital, for warts of epithelial cancer on the scrotum. It was the first appearance of the disease, and in quite its earliest stage. Excision was performed, and the wounds healed quickly. *Case* 5. Excision of the lip for epithelial cancer in a woman, aged 70, under the care of Mr. Quain, in University College Hospital. *Case* 6. Excision of the lip for epithelial cancer in a man, aged 48, under the care of Mr. Erichsen, in University College Hospital.

Excision of Non-malignant Growths.—Mr. Cock's case of tumour in the pharynx continues under treatment. The others previously mentioned have all recovered.

During the month there have been performed: *Case* 1. Removal of some cheloid masses in the cicatrix of a burn, by Mr. Coulson, in St. Mary's Hospital. The burn had occurred eighteen months ago, and the tumours had been growing for a year. *Case* 2. Removal of a cyst with semi-fluid contents from the right labium pudendi, by Mr. Birkett, in Guy's Hospital. *Case* 3. A woman, aged 43, operated on by Mr. Birkett, in Guy's Hospital, for a third recurrence of fibroid tumours on the outer side of the leg. Three large and several smaller masses were removed, being quite distinct from each other, although closely placed. They grew from the fascia of the leg, and presented on section the ordinary appearances of fibroid tumours. The first operation had been performed on March 1, 1853, the second on November 8, 1853, and the third on April 25, 1854. The original tumour had been growing for six years, but the reproductions have appeared on each occasion almost before the wound had cicatrized. *Case* 4. Excision of a fibrous tumour from the arm, by Mr. Ure, in St. Mary's Hospital. *Case* 5. Excision of a mammary glandular tumour of two years' growth from the breast of a woman, aged 35, by Mr. Lawrence, in St. Bartholomew's Hospital. *Case* 6. Removal of the left half of an enlarged thyroid gland from a woman, aged 38, by Mr. Holt, in the Westminster Hospital. (See report of the Pathological Society, in this number.) *Case* 7. Excision of a small mammary glandular tumour, which had much simulated the characters of scirrhus, by Mr. Solly in St. Thomas's Hospital. *Case* 8. Removal of a clustered mass of enlarged glands, the size of an adult fist, by Mr. Hilton, in Guy's Hospital. The patient was a somewhat strumous girl, aged 16, and the glands were situate in the left neck and side of jaw. The glands on section presented the appearance of chronic hypertrophy, and did not contain any tubercular deposition. Besides the above, fatty tumours of ordinary character, and also encysted ones, have been removed in several cases, all of which have done well.

Puncture of the Bladder.—This operation has been performed by Mr. Simon, in St. Thomas's Hospital. The case was one of old-standing carcinoma recti, which had involved the urethra and caused retention of urine. The patient was a man aged 46, much worn down by the disease. The operation was performed above the pubes, and a canula was left in the wound. Much relief has resulted.

Removal of Loose Cartilage from the Knee-Joint.—In a case under the care of Mr. Hilton, in Guy's Hospital, an operation of this kind has been performed. A subcutaneous incision was made into the joint, and the cartilage pushed out into the cellular tissue. It passed into the popliteal space and was there lost, and the patient has been discharged, thus freed from its inconvenience.

Paracentesis Thoracis.—Several cases in which this operation has been performed remain under treatment.

Paracentesis Abdominis.—In four cases, two for *ascites*, and two for *ovarian dropsy*. In one of the latter, death from inflammation of the cyst followed a few days afterwards. The others have been successful.

Ligature, etc., of Nævus.—Two cases in University College Hospital have been successfully treated by ligature. In a case in St. George's, in which the nævus affected the eyelid, Mr. Pollock operated upon it by means of a platinum wire heated by galvanism. The patient remains under treatment. In a case in Guy's Hospital, in which an infant aged 5 months had a large subcutaneous nævus on its shoulder and upper part of arm, Mr. Birkett applied the uninterrupted ligature, passing the thread through and through, and then tightly strangulating. The mass sloughed off on the seventh day, and the wound is now nearly healed. The child never had a bad symptom.

Operations for Ununited Fracture.—The cases in St. Bartholomew's Hospital under the care of Mr. Lawrence and Mr. Stanley, remain under treatment.

Plastic Operations.—In a case in Guy's Hospital, under the care of Mr. Birkett, in which the fungous protrusion from the left testis projected through an ulceration in the scrotum, an attempt was made to save the gland by means of the operation recommended by Mr. Syme. The man was of very irritable habit, and markedly strumous; he had suffered from the disease of the testis for four years. Mr. Birkett pared the edges of the ulceration, and, having dissected up the marginal portions of skin, united them by means of sutures and plaster over the protrusion. The attempt failed, in consequence of profuse suppuration, sloughing of the skin, and the fungating activity of the granulations beneath. A ligature was next applied around the base of the new growth, but this the man could not bear. Subsequently the remains of the testis were excised, after which the wound readily healed. On examination, the gland was found to be so much disorganized, that scarcely a trace of tubuli seminiferi could be discovered. In a case in University College Hospital, Mr. Erichsen has performed a similar plastic operation in order to cover a fungous testis. The case remains under treatment. In four cases, successful operations for *Hare-lip* have been performed. In two cases, in St. Mary's Hospital, Mr. Baker Brown has performed operations for vaginal cystocele, and in a third for vesico-vaginal fistula. The three remain under treatment.

Operations for Urethral Stricture.—In Mr. Ure's case, mentioned last month, the patient has been discharged from the Hospital, a very minute perineal fistula, however, still remaining. Mr. Lawrence's case continues under treatment. During the month there have been performed: *Case* 1. A man, aged 60, admitted under the care of Mr. Holt, in the Westminster Hospital, with a double stricture, one of which was impermeable, and situated about two inches from the meatus, and a second just anterior to the triangular ligament. There was a perineal fistula. Mr. Holt divided both strictures by means of Stafford's lancetted stilette, and the case seems likely to do well. *Case* 2. A man, aged 50, under the care of Mr. Curling, in the London Hospital, on account of a very long and hard stricture in the bulbous part of the urethra. The penis had been amputated high up twenty years before. There was a perineal fistula. With great difficulty a sound was passed through the stricture, and on this Mr. Curling divided part of the latter. The case is under treatment.

Tenotomy.—In a case in St. Bartholomew's Hospital, under the care of Mr. Paget, in which, after acute rheumatism, the man had allowed his knee to stiffen at a right angle. The operator divided all the hamstring tendons. By gradual extension, by means of a back splint, the limb has been got quite straight, within the month. It must be remembered, that there was probably no disease within the articulation. Three cases of talipes varus have been operated on in different Hospitals, and remain under treatment.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Medical Society of the State of Pennsylvania.—This Society held its annual meeting on the 31st of May, and 1st of June, in the city of Pottsville. Fifty-nine delegates were present. The President, Dr. John P. Heister, of Berks County, read the annual address.

The following officers were elected:—

President.—Jacob M. Gemmill, of Huntington County.

Vice-Presidents.—Wilson Jewell, Philadelphia County; E. W. Hale, Mifflin do.; Wm. Housel, Schuylkill do.; A. K. Gaston, Chester do.

Recording Secretaries.—D. Francis Condie, Philadelphia County; H. Carpenter, Lancaster do.

Corresponding Secretary.—John Neill, Philadelphia County.

Censors, First and Second Districts.—J. B. Biddle, Philadelphia County; J. T. Huddleson, Delaware do.; Hiram Corson, Montgomery do.; G. F. Horton, Bradford do.; P. Cassady, Lancaster do.; William Gries, Berks do.; Charles H. Martin, Lehigh do.; R. E. James, Northampton do.

Third and Fourth Districts.—Thomas Wood, Lycoming County; J. B. Luden, Huntingdon do.; Jos. Henderson, Mifflin do.; W. W. McIlvaine, York, do.; J. H. Case, Perry do.

Fifth and Sixth Districts.—J. P. Gazzam, Alleghany County; W. Anderson, do. do.; Jas. Dickson, do. do ; C. F. Perkins, Erie do.; J. T. Ray, Mercer do.

Delegates to the American Medical Association.—J. P. Hiester, Berks County; W. W. Townsend, Chester do.; Charles Innes, Northampton do.; Jno. G. Koehler, Schuylkill do.; J. H. Dorsey, Huntingdon do.; Henry Carpenter, Lancaster do.; John A. Martin, Montgomery do.; David Mosser, Lehigh do.; Jas. Galbraith, Perry do.; Jacob M. Confer, Blair do.; R. K. Smith, Delaware do.; Joseph Henderson, Mifflin do.

Hollidaysburg was selected as the place of meeting in 1855.

Reports were received and read from the medical societies of the following counties: Berks, Blair, Bradford, Delaware, Huntingdon, Lebanon, Lehigh, Mifflin, Montgomery, Chester, Perry, Philadelphia, and Schuylkill; all of which were referred to the Committee of Publication.

A resolution was adopted to request the county medical societies to append to their annual reports brief notices of such of their members as have died during the year.

Resolutions were unanimously adopted, expressive of the feelings of the Society, in regard to the loss sustained, the past year, by the death of Dr. Henry S. Patterson, of Philadelphia, one of its Secretaries; Dr. Francis S. Burrowes, of Lancaster, one of its Vice-Presidents, and Dr. Jos. Stewart, of Philadelphia.

Votes of thanks were adopted to the officers for the acceptable manner in which they had performed their duties; to the Commissioners of Schuylkill County, for the use of their commodious room, and to the medical profession of Pottsville for their courtesies and hospitalities.

The Society then adjourned to meet at Hollidaysburg at 10 o'clock A. M., on the last Wednesday of May, 1855.

Cholera.—This disease continues its ravages to a greater or less extent, at various points on this Continent from Montreal to Texas. Of the larger towns, St. Louis has, perhaps, suffered most. Neither in Philadelphia nor New York has the disease prevailed to as great an extent as on previous visitations. The following table exhibits the mortality in these two cities during the past four weeks:—

PHILADELPHIA.								
1854.								
Week ending.	Total mortality.	Cholera asphyxia.	Cholera infantum.	Cholera morbus.	Diarrhœa.	Dysentery.	Inflammation of stomach and bowels.	Total of bowel complaints.
July 1	268	12	49	4	7	15	4	91
" 8	368	21	51	6	9	16	5	108
" 15	413	69	83	6	18	25	6	207
" 22	432	61	81	7	13	29	13	204

NEW YORK.								
1854.								
Week ending.	Total mortality.	Cholera asphyxia.	Cholera infantum.	Cholera morbus.	Diarrhœa.	Dysentery.	Inflammation of stomach and bowels.	Total of bowel complaints.
July 1	517	78	29	13	23	10	7	160
" 8	761	98	74	11	34	20	19	256
" 15	717	147	117	17	41	29	13	364
" 22	915	183	145	21	47	36	14	446

There were 223 deaths in Buckly last week, of which 76 were from Cholera.

The total number of deaths in Montreal, from Cholera, from the first appearance of the Epidemic, June 24th, up to July 18th, was 732.

The number of deaths in St. Louis during the week ending July 15th, was 282, of which 138 were from Cholera; nearly one half less than during the previous week.

FOREIGN INTELLIGENCE.

Want of Surgeons in the British Navy.—The British Navy is now suffering from the consequences of the Admiralty refusing to surgeons proper rank and accommodations. An officer, serving in the Black Sea, writes to a friend in England: "It is quite lamentable to think of the dearth of medical officers there is in this squadron. The Arethusa ship has only had one assistant since January, and there is not a spare one in the fleet. Had we gone into action at any time the surgeon would have done all that was in his power, but another pair of hands, either to administer chloroform or to put on a tourniquet, would have been found wanting. My impression is, that each line-of-battle-ship is one short; however, if we are to have men deficient in attainments, perhaps we are better without them, as in the hour of need you do not require a man who is to be taught what he ought already to know. A very bold push ought to be made to get what is necessary to induce men of worth to enter this service as readily as the army."

"Owing," says the *Indepéndance*, of Brussels, "to the want of surgeons on board the English ships in the Baltic, every exertion is making throughout the German towns to engage medical men on the most liberal terms."

Let our own Government learn a lesson from these facts, and accord justice, in the point of rank, to the medical officers in our naval service.

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New Mode of administering Cod-Liver Oil.—M. SAUVAN gives the following formula for administering cod-liver oil, by which, he says, the taste and odour of the oil is completely masked:—

℞.—Yolk of egg	No. 1;
Sugar	60 grammes;
Orange-flower water	30 "
Cod-liver oil	90 "
Essence of bitter almonds	1 drop.

Ann. Cliniq. de Montpelier.

—

Creasote in Cholera.—M. WEBER, a surgeon of Trueberg, has published four cases of cholera, in children under two years of age, cured by the administration, every two hours, of a tablespoonful of a decoction of salep to which is added one drop of creasote to every hundred grammes of the decoction.—*Les Moniteur des Hopitaux*, July 4, 1854.

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To Readers and Correspondents.—Professor BENNETT's valuable *Treatise on Pulmonary Tuberculosis*, is completed in the present number.

In our next, will be given the commencement of the promised work *On Ulcerations of the Os Uteri*, by CHARLES WEST, M. D., the whole of which will be comprised in the No's for the present year.

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CLINICS.

Statistical Report of the Principal Operations performed in the London Hospitals during May, 1854.

Lithotomy.—Number of cases, 5; recovered, 3; under treatment, 1; died, 1.

Case 1. A boy, aged 14, in good health, but of irritable habit, under the care of Mr. Cutler, in St. George's Hospital. Two cube-shaped stones were successfully removed, and the boy has since done well. *Case* 2. A very delicate strumous boy, aged 3, in Guy's Hospital, under the care of Mr. Birkett. He had suffered for several months with symptoms of stone. The calculus proved a very small one. He recovered without a bad symptom. *Case* 3. A boy, aged 5, in good health. Nothing unusual occurred during the operation, and the stone was not large. Repeated attacks of passive hemorrhage from the wound occurred during the following week, under which the boy sank. No single attack had been very profuse, and the bleeding had never lasted long enough at a time to make the use of plugging or other means advisable. *Case* 4. A boy, aged 4, in good health, under the care of Mr. Cock, in Guy's Hospital. The ordinary operation was performed, and he recovered quickly. *Case* 5. A boy, aged 7, who for two years had suffered from stone, in St. Mary's Hospital, under the care of Mr. Spencer Smith. A stone the size of a large almond was extracted, and the patient has since done well. *Case* 5. A man, aged 30, under the care of Mr. Fergusson, in King's College Hospital. In fair health. Calculus oxalic acid. Recovered.

Herniotomy.—The case left under treatment by last report (*Case* 9) has since recovered. In *Case* 7, Mr. Luke's, we accidentally omitted to state the duration of strangulation, which was three days. In *Cases* 12 and 14, Mr. Cock's, it was erroneously printed "sac opened;" it should have been in each, "sac not opened."

Number of cases, 13; recovered, 8; under treatment, 1; died, 4.

Case 1. A woman, aged 37, in St. George's Hospital, under the care of Mr.

Published monthly by BLANCHARD & LEA, Philadelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage to the subscriber.*

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Prescott Hewett; hernia femoral; strangulation eight hours; sac opened. Recovered. *Case* 2. A man, aged 42, had suffered from an irreducible umbilical hernia for twenty-five years. Symptoms of strangulation had existed for sixty hours when the operation was performed. The sac was opened, and a large mass of very dark-coloured omentum then came into view, beneath which lay a coil of small intestine, intensely congested. In attempting to separate these at a part where they adhered, a very minute pin-hole laceration of the bowel occurred, and some mucus and blood escaped. The opening in the intestine was then enlarged and stitched to the borders of the wound. The stricture having been freely relieved, the parts were left *in situ*, as reduction could not be effected. The man gradually sank after the operation, and died in about thirty-four hours. At the *post mortem*, no evidences of acute peritonitis were found; the intestines above the protrusion were distended with feces. *Case* 3. A man, aged 48, under the care of Mr. Cock, in Guy's Hospital. Hernia inguinal, strangulated thirty hours; stricture very tight. The sac was opened, and the intestine was found ulcerated beneath the anterior margin of the stricture. The perforation did not require enlarging, and its edges were accordingly carefully stitched to the margin of the wound, after which the rest of the protruded bowel was returned into the abdomen. For three weeks after the operation the patient did very well; the feces, which at first had passed freely by the artificial anus, were beginning to come by the natural one, and the former was closing. Suddenly, on the 24th day, the man sank into extreme collapse, and died after a few hours' illness. At the *post mortem*, no lesion was discovered which threw any light on the cause of death. The intestine at the seat of perforation was well united to the surrounding parts. About four inches below the opening, a band from the omentum crossed the bowel in such a way as to partially stricture it, and there was a large accumulation of feces above this point; there was no reason, however, to believe that this condition had been produced subsequent to the operation, nor was it at all sufficient to explain the termination of the case. *Case* 4. A woman, aged 50, under the care of Mr. Birkett, in Guy's Hospital. Hernia femoral; strangulation forty hours; sac not opened. The stricture was in this case sufficiently relieved by dividing the margin of the femoral ring in a direction forwards without opening the fascia propria. The hernia had for years been irreducible, and a large mass of omentum appeared to be adherent, and could not be reduced; the intestine, however, was easily returned. Recovered. *Case* 5. A man, aged 44, in St. George's Hospital, under the care of Mr. Johnson. Hernia inguinal; strangulated twelve hours; sac opened. Recovered. This man had been operated on at another hospital some time previously on the same side. During his recovery the cicatrix of the old wound gave way; both, however, ultimately healed. *Case* 6. A male infant, aged five months, under the care of Mr. Johnson, in St. George's Hospital. Hernia inguinal, of large size, and strangulated ten hours. The sac was opened, and, owing to the closeness of the stricture, it was necessary to incise it in several parts before reduction could be effected. The child recovered well. *Case* 7. A man, aged 59, in St. Bartholomew's Hospital, under the care of Mr. Lawrence. Hernia femoral; strangulation 64 hours; symptoms not very acute; sac opened; intestine found inflamed, and adherent to the omentum; the latter left in the sac; recovered. *Case* 8. A man, aged 60, who had been for years the subject of a reducible inguinal hernia on the left side, was admitted about six hours after having received a violent blow on the abdomen. He had the symptoms of strangulated hernia, and in the left inguinal canal was a small tender swelling. The operation was performed, but the sac, which was very much thickened, was found empty. The man lived after the operation for two days. At the *post mortem*, extensive peritonitis was found, caused no doubt by a minute rupture of the small intestine, which was discovered about eight inches above the colon. There did not appear to have been any escape of feces. *Case* 9. A woman, aged 64, in St. Bartholomew's Hospital, under the care of Mr. Paget; hernia, femoral, strangulation twelve hours; symptoms urgent; sac not opened; recovered. The wound in this case almost healed by the first intention. *Case* 10. A woman, aged 45, hernia femoral, strangulation ten hours; sac opened; death on the fifth day. At the autopsy, extensive serous effusion was found in each pleural sac; there was pus in the sub-peritoneal tissue behind the pubes and beneath the rectus muscle of the abdomen. The strangulated portion of bowel appeared to have quite recovered itself. *Case* 11. A woman, aged 53, in St. Thomas's Hospital, under the care of Mr. Le Gros Clarke, hernia femoral, strangulation twelve hours; sac opened; doing well. The patient in this case is blind and deaf, the subject of prolapsus uteri and of chronic bronchitis. In the sac, a large mass of adherent omentum was found, which was left to slough away; it has kept up much suppuration in the wound, excepting from which the woman may now be deemed out of danger. *Case* 12. A woman, aged 67, in Guy's Hospital, under the care of Mr. Poland; hernia femoral; strangulation twenty-two hours; sac not opened (fascia propria not divided); recovered. *Case* 13. A woman, aged 48, under the care of Mr. Fergusson, in King's College Hospital; hernia femoral; strangulation forty-eight hours; sac not opened; recovered.

Ligature of Arteries.—T. R., a vintner's porter, of middle age, and accustomed to free living, was under Mr. Critchett's care, in the London Hospital, on account of a large abscess in the right cheek. Repeated attacks of profuse bleeding occurred, and pressure having ceased to be available, Mr. Critchett placed a ligature on the common carotid. A complete arrest of the hemorrhage resulted, but the man sank exhausted, and died on the third day. The *post mortem* showed that the abscess had extended backwards to the pharynx, and downwards into the neck.

Compression Treatment of Aneurism.—Mr. De Morgan's case in the Middlesex Hospital continues under treatment.

Amputations.—Of the cases reported last month, the following have ended fatally: *Case* 7. After having appeared to progress well for eighteen days, the patient became feverish, and quickly sank into a state of well-characterized pyæmia. The tongue became brown and dry, and the features sunken; an abscess formed in the popliteal region. Death occurred on the 22d day. No autopsy. *Case* 16. Death took place on the 11th day from well-marked pyæmia. No autopsy. *Case* 17. Death on the twelfth day, from exhaustion. No autopsy. With these exceptions the cases either remain under treatment or are recovered.

Number of cases, 20; recovered, 6; under treatment, 6; died, 7.

Of the *thigh.*—*Case* 1. A man, aged 35, much exhausted by old-standing disease of the knee-joint, under treatment, and doing well. *Case* 2. A man, aged 50, admitted on account of a severe gunshot wound of the ankle-joint. He resolutely refused to submit to primary amputation, and only consented when the whole limb had become œdematous, and he had sunk into an almost typhoid state. Secondary amputation on the 7th day, and death on the 11th. Immediately before death there were some symptoms of tetanus, but he was in a hopeless state before their appearance. *Case* 3. A man, aged 26, admitted into the Westminster Hospital, under the care of Mr. Holthouse, on account of a severe compound fracture, by which the knee-joint had been laid open. He had lost much blood. As soon as reaction had been established, amputation was performed, from the direct shock of which, combined, perhaps, with the influence of the chloroform, the patient was very near dying. He has since done well, although there has been a little gangrene of the stump. *Case* 4. A girl, aged 15, under the care of Mr. Cutler, in St. George's Hospital, for diseased knee-joint. She was in fair health, and but slightly hectic. Recovered. *Case* 5. A strumous boy, aged 13, under the care of Mr. Johnson, in St. George's Hospital, for diseased knee-joint. Recovered. *Case* 6. A man, aged 35, in St. George's Hospital, under the care of Mr. Johnson, for pulpy degeneration of the synovial membrane of the knee-joint. Recovered. *Case* 7. A boy, aged 16, in extreme hectic from disease of the knee-joint, which had commenced three months before by a scrofulous abscess external to the articulation. Death took place three weeks after the amputation, apparently from exhaustion. No autopsy. *Case* 8. A man, aged 22, under the care of Mr. Brook, in the Westminster Hospital. on account of suppuration in the knee-joint, consequent on a wound. He was hectic and much reduced. He has done well since the operation. *Case* 9. A man, aged 53, of feeble constitution, under the care of Mr. Birkett, in Guy's Hospital, for compound and comminuted fracture of the leg. In order to effect reduction, a large fragment of the tibia, which was loose, had to be removed, and also the lower end of the upper portion sawn off. Profuse suppuration followed, which so exhausted the patient's powers, that secondary amputation had to be performed on the 17th day. The man has done badly since the operation, and will probably die. Of the *Leg.—Case* 10. A man, aged 40, under Dr. Peacock's care, in St. Thomas's Hospital, for typhus fever, on the 10th day after admission, was attacked by gangrene of the left leg. A line of demarcation having formed, and his general condition appearing to warrant it, amputation below the knee was performed a month later by Mr. Simon. At the operation none of the vessels bled in the least, all the arteries appearing to be plugged; ligatures were, as a matter of precaution, placed upon the tibials. A large portion of the upper flap afterwards sloughed, and troublesome abscesses formed. The man, however, improved somewhat in health, and at one time hopes of recovery were entertained. A month after the operation gangrene attacked the opposite foot, and death followed in a few days. At the *post mortem*, the arteries and veins of the left leg were found plugged with fibrin to some distance above the stump. There were also fibrinous deposits in some of the internal organs. *Case* 11. A man, aged 32, in Guy's Hospital, under the care of Mr. Hilton, for compound dislocation of the ankle-joint, with comminuted fracture. He was a healthy man. Primary amputation in the upper third was performed, and, excepting some sloughing of the edges of the flaps, he has since done well. *Case* 12. An Irishman, in good health, aged 35, admitted into St. Bartholomew's Hospital, under the care of Mr. Lloyd, with severe compound fracture of *both* legs. Primary amputation by the circular method was performed on *both*, and the man has since done well, excepting a little sloughing of one of the stumps. He continues under treatment. *Case* 13. A man, aged 19, in excellent health, came up from the country in order to have his left leg removed on account of very severe talipes varus, which prevented him from using it in walking. He was admitted under the care of Mr. Hilton, in Guy's Hospital; and, at his own urgent request, the amputation was performed. On the evening of the same day he became feverish; on the next day he had a rigor. A day or two later the left knee-joint began to swell, and subsequently a diffuse abscess in the thigh formed. Rigors continued to recur, and he rapidly sank; during the last few days jaundice was present. Death occurred on the 23d day. The autopsy showed pus in both knee-joints; pus beneath the whole course of the rectus femoris, lobular pneumonia, pleurisy, hepatitis, and enlargement of the glands of the small intestine. No phlebitis was discovered. *Case* 14. A man, aged 26, in excellent health, under the care of Mr. Lawrence, in St. Bartholomew's Hospital, had his leg amputated on account of distortion, resulting from an old injury, which, although for long quite healed, had left the member useless. The operation was done at his own request. During the first six days afterwards his condition was satisfactory; rigors, followed by profuse sweating, then set in, and death took place on the 9th day. At the autopsy, pus was found in the anterior tibial vein, and secondary deposits in the lungs and in one kidney. *Case* 15. A man, aged 46, under the care of Mr. Critchett, in the London Hospital, in tolerably good health, but of irritable, desponding temperament, had his right leg amputated on account of epithelial cancer of the foot. A considerable quantity of blood was lost at the operation. Severe rigors subsequently occurred, and all the symptoms of pyæmia followed. Death took place on the 25th day. Pus was found in the knee-joint, and secondary deposits in the liver. Of the *Foot.—Case* 16. A man, aged 19, in St. Mary's Hospital, under the care of Mr. Ure, on account of diseased tarsus. Mr. Ure removed the foot at the ankle-joint, leaving the posterior part of the os calcis. The stump is doing fairly. Of the *Upper Extremity.—Case* 17. A girl, aged 13, under the care of Mr. Tatum, in St. George's Hospital, on account of an unhealed burn, involving the elbow, and of three years' duration. She was in good health. Amputation through the upper arm was performed, and she made a good recovery. *Case* 18. A boy, aged 14, admitted into Guy's Hospital, under the care of Mr. Cock, on account of a severe compound fracture, involving the elbow-joint. Primary amputation in the lower third of the upper arm was performed. Slight erysipelas attacked the stump, but it notwithstanding healed quickly, and the boy was discharged within the month. *Case* 19. A healthy seaman, aged 59, under the care of Mr. Birkett, in Guy's Hospital, on account of a severe compound fracture of the radius and ulna. Secondary amputation through the upper arm was performed on the fifth day, and he recovered well. *Case* 20. A very feeble man, aged 63, had amputation in the upper third of the arm performed on account of senile gangrene. The gangrene had existed for six weeks previously, and had limited itself by a line of demarcation extending round the elbow. After the operation, a considerable part of the stump united by adhesion, but on the seventh day gangrene attacked the unhealed part, and death ensued on the day following.

Excision of Bones and Joints.—None of the numerous cases in this class left under treatment by last month's report, can yet be recorded as recoveries; most of them are, however, doing well.

During the month there have been performed the following: *Case* 1. Removal of a small portion of exfoliated bone from the os calcis of a child aged 3 years, by Mr. Hilton, in Guy's Hospital. The posterior epiphysis of the bone is separated from its body, and it is probable that a second operation will be needed before the whole of the disease is removed. *Case* 2. A boy, aged 4, under the care of Mr. Birkett, in Guy's Hospital, for diseased elbow-joint, chiefly implicating the ulna. Mr. Birkett opened the joint and excised the olecranon. The child has since been dangerously ill, but is now fast improving. *Case* 3. Excision of the elbow-joint by Mr. Fergusson, in King's College Hospital. The patient, a lad aged 18, had suffered for eight months from disease of the joint; he has done well since the operation, and the parts are rapidly healing.

Removal of Necrosed Bone.—Several operations of this class have been performed. Some of the more interesting we have already noticed, and none of the others require special mention. See *Medical Times and Gazette* for June 3.

Excision of Malignant Growths.—In Mr. Quain's case, previously mentioned, the ulcerated surface is almost healed.

During the month there have been performed: *Case* 1. By Mr. Fergusson, in King's College Hospital, excision of a medullary growth from beneath the clavicle. The patient, a woman aged 48, had had a melanotic gland removed from her right groin three years ago. *Case* 2. By Mr. Stanley, in St. Bartholomew's Hospital, excision of an epithelial cancer from the side of the tongue. The cicatrix has already taken on malignant action (before it was quite closed). The patient is a man aged about 40. *Case* 3. By Mr. Cock, in Guy's Hospital, removal of a fungating mass, probably of soft cancer, from the scalp of a boy aged 14. In less than a month the disease grew again to its former bulk, and it has just been subjected to a second operation. *Case* 4. Excision of the breast of a woman, aged 33, on account of scirrhus, by Mr. Johnson, in St. George's Hospital. *Case* 5. Excision of the breast of a woman, aged 42, on account of scirrhus, by Mr. Johnson, in St. George's Hospital. *Case* 6. By Mr. Brooke, in the Westminster Hospital, excision of almost the entire scrotum on account of chimney-sweep's cancer, in a man aged 50. There were no enlarged glands. The proper tunics of the testis were not injured, and the large wound is now healing well. *Case* 7. Excision of a scirrhous breast from a woman, aged 44, in good health, by Mr. Quain, in University College Hospital. The wound was healed and the patient has been discharged. *Case* 8. By Mr. Cock, in Guy's Hospital, removal by ligature of a tumour, supposed to be cancerous, from the labium of a woman, aged 65. The mass was the size of a walnut, projected considerably, but had no peduncle. It was easily circumscribed, and, a double ligature having been passed beneath its base, was strangulated in two halves. Recovered.

Excision of Non-Malignant Growths.—Mr. Cock's case of tumour in the pharynx remains under treatment by the chloride of zinc. In Mr. Coulson's case of cheloid (April, *Case* 1), the disease has reformed in the cicatrix of the wound. All the other cases mentioned last month are either recovered or nearly so. During the month there have been performed: *Case* 1. Excision of a cluster of scrofulous glands from the sub-maxillary region of a lad aged 16, by Mr. Hilton, in Guy's Hospital; recovered. *Case* 2. By Mr. Prescott Hewett, in St. George's Hospital, removal of a very large sebaceous tumour, of thirty years' growth, from the scalp of a woman aged 63. There were many others. Some erysipelas followed the operation, but the patient afterwards recovered well. *Case* 3. By Mr. Paget, in St. Bartholomew's Hospital, excision of a very large epulis from the upper jaw. The tumour was the size of half an orange, covered almost the whole of the hard palate, and everted the upper lip. The patient was a woman aged 60. The tumour had begun to grow twenty years ago, eight years after which, when about half its ultimate size, it had been removed by operation. Mr. Paget cut away the alveolar processes of the front teeth, to which the growth was firmly attached, and then dissected the mass away from the hard palate. The wound did well, and the patient was soon discharged. *Case* 4. By Mr. Birkett, in Guy's Hospital, removal of a large epulis from the lower jaw. The patient was a strumous young woman, aged 26, who had known of the disease for about nine months. The growth extended along the right ramus of the jaw from the last molar to the first bicuspid, and had expanded the external wall of the bone outwards. Its surface was ragged and fungating. Instead of removing the portion of bone from within which the diseased mass grew, Mr. Birkett enucleated the latter by means of the gouge. Examination with the microscope, showed its structure to consist of firm, fibrous tissue, with here and there bony spiculæ and cartilage, but no cancer-cells. The progress of the wound has hitherto been most satisfactory. *Case* 5. By Mr. Birkett, in Guy's Hospital, removal of a mammary glandular tumour from the breast of a woman aged 47. The tumour had been growing for two years, and one of similar character had been removed from the opposite breast seven years and a half ago. Recovered. *Case* 6. By Mr. Cock, in Guy's Hospital, removal of a large fibro-cartilaginous tumour from the right side of the neck of a woman aged 48. It had been growing for many years, and had attained the size of a very large fist. Its attachments were very loose, and it was very easily enucleated. The wound quickly healed. *Case* 7. By Mr. Stanley, in St. Bartholomew's Hospital, excision, for a fourth time, of a recurrent fibroid tumour from the interscapular region of a girl aged 11. The disease has, on each occasion, reappeared in or near the cicatrix of the former operation. The child has always recovered easily. *Case* 8. By Mr. Lloyd, in St. Bartholomew's Hospital, excision of a large chronic mammary tumour, of nine years' duration. The patient was a healthy married woman, aged 41. Recovered. *Case* 9. By Mr. Hilton, in Guy's Hospital, removal of a cyst from under the scalp of a child. This case is one of peculiar interest, and we shall report it in detail shortly. Several cases of minor importance, fatty, fibrous, and encysted tumours, have been operated on, but do not require separate mention. All the patients have done well.

Tracheotomy.—Case 1. In Guy's Hospital, by Mr. Hilton, for the removal of a foreign body from the larynx of a child. The operation was completely successful, and the child has left the hospital, the wound being healed. We shall publish the details shortly. *Case* 2 By Mr. Humphrey (House-Surgeon), in St. Bartholomew's Hospital, on a young woman, in whom suffocation appeared imminent, from the pressure of a tumour of obscure nature in the front of the neck. Much temporary relief followed the operation, but the patient lived only eighteen hours afterwards. At the autopsy, a mass of medullary cancer was found extending downwards, and almost encircling the trachea.

Puncture of the Bladder.—In Mr. Simon's case, mentioned last month, a permanent fistula has been established above the pubes, and the patient is quite out of danger from the operation, by which he has been much relieved. The cancerous growth by which the urethra had been obstructed now presses on the rectum also, and it is contemplated to make an artificial anus in the loin in order to prevent danger from this cause. During the month the operation has been performed by Mr. Hilton, in Guy's Hospital, under the following circumstances: A man, aged 26, who had had a troublesome stricture for six years, was admitted, suffering from a complete retention of twenty-four hours' duration. It was found impracticable to introduce a catheter; and, although the free use of opium enabled him to pass a very small quantity of urine, yet the retention was still so nearly complete, that on the second day after admission, his state was one of great urgency. A trocar was now passed into the bladder from the rectum. The canula was allowed to remain in the bowel for several days, and, after its withdrawal, the urine continued to pass by the wound for a day or two longer. In the mean time, however, the stricture had sufficiently relaxed to allow of a moderately free escape per urethram; and, when the man was discharged about a fortnight later, he was in as comfortable a condition in this respect as he had been for a long time, and an instrument of small size had also been passed through the stricture.

Removal of Impacted Calculus from the Urethra.—The following case occurred under the care of Mr. Callaway, in Guy's Hospital: A child, aged 2 years, was admitted suffering from extravasation of urine into the scrotum, perineum, etc., which was ascertained to have been the result of closure of the urethra by an impacted calculus. The prepuce being enormously distended, circumcision was first performed, and afterwards Mr. Callaway was able, by means of forceps, to extract the stone by the meatus, from which it had not been far distant. To prevent any further extravasation, a flexible catheter was introduced, and left in. For four days the child made great improvement, but on the fourth, owing to the instrument having got stopped, a second extravasation took place. The catheter was now removed and replaced, and, to relieve the parts into which urine had been infiltrated, free incisions were made into the perineum. The child was extremely ill at the time this measure was adopted, and it afterwards had the symptoms of peritonitis, from which it died three days later. At the *post mortem*, the tissues around the neck of the bladder and in the vesico-rectal fold were found in a sloughy condition, and the entire peritoneal surface was besmeared with soft, buttery lymph, apparently of very recent exudation. On a most careful examination no perforation of the peritoneum could be found.

Operations for Urethral Stricture.—In Case 2, mentioned last month, the patient has died. Death took place about six weeks after the operation, and was caused apparently by exhaustion. The wound had not closed. No autopsy was permitted. Mr. Holt's patient (Case 1) is doing well; the external fistula is closing; the catheter is regularly used.

There have been performed during the month: *Case* 1. A man, aged 69, for six years the subject of stricture, admitted on account of extravasation of urine, which had been gradually increasing for ten days. A staff was passed down to the stricture and the latter divided. On account of the irritation it occasioned, a catheter could not be borne in the bladder subsequently. Death took place seventeen days after the operation. *Case* 2. By Mr. Fergusson, in King's College Hospital. The patient had a stricture which would admit No 7, but which was very liable to contract, if not under constant treatment. An abscess having formed between the bladder and rectum, Mr. Fergusson took the opportunity, when laying it open, to perform also a perineal section of the stricture. The patient is thus far doing well.

Ligature, etc., of Nævus.—Operations of this class have been performed in cases respectively under the care of Mr. Fergusson, Mr. Cock, Mr. Hilton, Mr. Prescott Hewett, and Mr. Pollock. None of them require especial mention. A case of large aneurism by anastomosis is under the care of Mr. Lawrence, in St. Bartholomew's, and has been treated with partial success by means of the ligature. We shall report its details at a future time.

Plastic Operations.—Mr. Erichsen's case, mentioned last month, in which Syme's operation for fungous protrusion of the testis had been performed, has done well. The wound is healed, and the patient has been discharged. In 7 cases operations for *Hare-lip* have been successfully performed. In 3 cases operations for the removal of deformity from the cicatrices of burns have been performed, and remain under treatment. In a case in St. Mary's Hospital, Mr. I. Baker Brown has performed his usual operation for ruptured perineum. A severe attack of erysipelas followed; and, although now subsided, has left the woman in a rather precarious condition. In a second case, Mr. Brown has operated for vaginal cystocele, and, as far as can yet be judged, with promise of a successful result.

Operation for Imperforate Anus.—On an infant aged three days, in University College Hospital, Mr. Quain performed an operation for imperforate rectum. The obstruction was about an inch and a half from the anus. It was opened by a trocar and canula, and remained patent for a week, when it reclosed. The operation was repeated, and a canula left in for some days. Since the last it has remained open for three weeks, but appears to be again contracting.

Tenotomy.—Mr. Paget's case, mentioned last month, continues under treatment. In several ordinary cases of *talipes*, the operation has been successfully performed. In a case of fracture of the leg, under Mr. Cock's care, in Guy's Hospital, it became necessary, on account of the difficulty of keeping the parts in apposition, to divide the tendo-Achillis. The measure has been followed by good success.—*Med. Times and Gaz.* June 24, 1854.

SKETCHES AND ILLUSTRATIONS OF MEDICAL QUACKERY.

English Law and Quackery.—The extraordinary decisions which the English courts of law so frequently present us with, when the subject of them in any way relates to the medical profession, is one of the greatest anomalies of the age. In most civilized nations a medical practitioner is obliged to hold a diploma, which indicates that he has been educated for the profession, or that his competency has been tested by an examination, and he who falsely assumes the title of doctor or surgeon is visited with summary punishment. Again, in most codes of law, culpable homicide is a crime; but what is culpable homicide, if it be not destroying life by administering powerful drugs, when unacquainted with their properties? Yet such is the absurdity of English law, that it has been proved over and over again, that if, for the purpose of gain, a deadly poison be so administered as to cause death, and the individual prescribing it plead ignorance of medicine, both judge and jury consider there is no harm done. But if a regularly educated medical practitioner commit a mistake, heavy damages are awarded, and should malpraxis be followed by death, it is with the utmost difficulty he can escape the penalty of manslaughter. The result to be deduced from this state of things is, obviously, that it is safer in the eye of the English law to be ignorant than skilful, to impose on the public than serve them faithfully, to practise the grossest quackery than exercise one's profession honourably. Need we be surprised that Charlatanism, under such circumstances, should flourish, and that the public should at length look with indulgence on crimes which are not only not repressed, but are positively encouraged by the state?

Another singular illustration of this state of things has lately occurred. An individual named Lewis Bossy represents himself as an M. D. of the University of Edinburgh, and hangs up a forged diploma in his surgery, to impose upon all and sundry. In this capacity, among other things, he does not hesitate to sign schedules of individuals applying to insurance companies, whose lives are insured on the faith of his representations. The validity of these insurances is, we believe, to be made the subject of another trial, and the mischief he may have occasioned in this way is yet to be ascertained. But this impostor, on the 8th ultimo, was tried at the Central Criminal Court in London for a misdemeanor, he "having uttered as true a false diploma of Edinburgh, entitling him to practise and assume the title of 'Doctor of Medicine.'" The offence was distinctly proved; and "the jury, after a little hesitation, returned a verdict of *Guilty*, but with a strong recommendation to the merciful consideration of the Court!" Whereupon the Judge, (Mr. Baron Martin) gives utterance to the following sage and indisputable remarks: "It was undoubtedly an offence to utter a diploma like this, and persons should understand that if such a document was hung up in their houses where patients might see it, it was an uttering in law, and rendered them liable to the consequences. He could conceive cases where very great mischief might arise from an individual holding himself out falsely to be a physician. No man ought to trade upon a false bottom; and, undoubtedly, the fact of a person professing to have a diploma from the University of Edinburgh, where it was known that a very severe examination had to be undergone, was calculated to give a man a position, and create a confidence, which no man ought to possess unless he was really entitled to it."

The learned Judge is then reported to have passed sentence upon this man who he could conceive might, by his gross fraud, commit great mischief, in the following terms: "It was his intention on the present occasion merely to pass a nominal sentence, which was one of two days' imprisonment; and the defendant under that sentence would be entitled to his immediate discharge; but he hoped the present proceeding would have the effect of putting a stop to such practices in future."

Whether such a heavy sentence will produce the effect the learned Judge anticipates may be much doubted; for, were not the whole proceeding a melancholy truth, it might well be regarded as a preposterous burlesque.

In another case, where a man placed the

letters M. R. C. S. after his name, without a diploma, he defended himself by saying that he was a Member of the Reformed College of Surgeons, of New York!—*Monthly Journ. Med. Sci.*, May 1854.

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A French Bone-Setter.—A bone-setter named Richard, famous in the neighbourhood of Napoléon Vendée, but still more famous by having been fined five francs, which made him a martyr and increased his practice five-fold, was consulted on June 4, 1853, by a farmer of the commune of St. Denis, named Lachavasse, who complained, after a heavy fall, of violent pain in the neck. The bone-setter, meeting him, made him enter a neighbouring cottage, and said that he would soon put his neck right. He seized with both hands the patient's head, and by a rapid motion from left to right, and from right to left, he three times turned the head over the shoulder. At the third time a crack was heard, and the bone-setter exultingly exclaimed—"It is done; the neck is reduced." But at this very instant the patient was seized with paralysis of the arms and legs; his speech became very difficult; he complained of violent pain, and died the next day, firmly convinced of the skill of the operator, and asserting to the last that his neck was properly set.

Examination of the body showed an effusion of blood at the level of the second and third vertebræ, the ligaments between which were stretched and torn; there was another effusion between the cerebellum and the base of the skull, evidently arising from lesion of the cord and its membranes. It was concluded that death had been produced by these injuries, which were themselves the result of the rough treatment to which the patient had been subjected by the bone-setter. The paralysis had been instantaneous; as no symptoms of it had appeared after the fall.

Being tried for homicide through imprudence, Richard endeavoured to prove his skill as an operator, and produced several witnesses, who earnestly declared that they had to thank him for his treatment of them. They were all astonished at the lowness of his fees, and his high talent; and could with difficulty understand how one could dare to prosecute a man who possessed the secret of curing wry-neck, sprains, dislocations, and fractures. One of the witnesses dragged himself before the tribunal to give evidence, when the following dialogue took place:

President—Did Richard set your leg?

Witness—Yes, M. le President.

President—But you cannot congratulate yourself on the operation, for you are still lame.

Witness—It is true that the leg is more than four inches shorter than the other; but I might have been much more crippled.

The strong faith of the witness provoked general merriment. The tribunal condemned Richard to be imprisoned for four months, and to pay a fine of sixty francs.—*Rev. Thérap. du Midi.*

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Dr. Dixi Crosby's acquittal on charge of Mal-Praxis.—We rejoice to learn that the result of the new trial granted to Dr. Dixi Crosby, of Hanover, N. H., has been a triumphant verdict of acquittal. At a former trial, an unjust verdict was given against him for $900 damages. (See this *Journal* for August, 1853, p. 127.) Dr. Crosby has, however, temporarily suffered great injustice from the first verdict, and doubtless has been subjected to great anxiety and expense. For there the law will afford him no redress. The prosecutor in such a case, when failing to prove his charge, should surely be subjected to heavy penalties. This may not be in accordance with *law*, but it certainly is with *justice*.

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Health of our Cities.—The health of our principal northern cities is, we are glad to state, improving. The cholera, which, however, never existed, to any extent, in *Philadelphia*, is rapidly disappearing, and the mortality from all diseases has considerably diminished. The largest mortality in any one week was in that ending on the 29th of July last, when it amounted to 573. Since this period it has rapidly decreased, and for the week ending on the 26th of August, it reached only 316, of which but 22 were from cholera.

In *New York*, the mortality has also diminished. The most fatal week was that ending August 5th, when the mortality reached 1,148, 302 being from cholera. The mortality for the week ending the 26th of August, was 765; 131 of the deaths being from cholera.

The following table exhibits the mortality of the two cities, and in estimating their comparative salubrity it must be borne in mind that the population of Philadelphia is about 500,000, that of New York about 650,000:—

PHILADELPHIA.								
1854.								
Week ending.	Total mortality.	Cholera asphyxia.	Cholera infantum.	Cholera morbus.	Diarrhœa.	Dysentery.	Inflammation of stomach and bowels.	Total of bowel complaints.
July 29	573	70	106	14	23	41	7	261
Aug. 5	469	88	70	12	16	29	7	222
" 12	358	65	52	12	14	27	9	179
" 19	328	33	38	4	5	36	5	121

NEW YORK.								
1854.								
Week ending.	Total mortality.	Cholera asphyxia.	Cholera infantum.	Cholera morbus.	Diarrhœa.	Dysentery.	Inflammation of stomach and bowels.	Total of bowel complaints.
July 29	1139	241	131	26	75	42	14	529
Aug. 5	1148	302	149	30	70	65	16	632
" 12	1050	278	154	31	65	44	10	582
" 19	922	221	124	17	44	33	21	460

The number of deaths in Boston, last week, was 135, of which 26 were from cholera, an increase over the previous week.

Our southern cities, we regret to learn, are in a less satisfactory condition of health. Yellow fever is said to be prevailing in New Orleans, Savannah, and Charleston.

There were 60 deaths from yellow fever in the Charity Hospital at New Orleans, during the week ending August 19th.

In Savannah, the disease is prevailing in a very malignant form, and to a considerable extent, and some cases have even occurred in parts of the city always considered as the most healthy.

We have reliable information that cases of the disease have appeared in Charleston, though as yet it has not become decidedly epidemic.

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Oneida County Medical Society.—At the annual meeting of the Medical Society of the County of Oneida, held July 11, 1854, the following resolutions were adopted:—

Whereas, Dr. Nathan D. Benedict, an esteemed member of the medical profession, and late Superintendent of the New York State Lunatic Asylum, located in this city, has been induced, unexpectedly, to resign the position which he has filled with distinguished usefulness to the insane, and honor and benefit to the State; Therefore

Resolved, That we greatly regret that any circumstances should have existed influencing him to resign a place, for which his high professional qualifications, his great moral purity, and his gentlemanly deportment, pre-eminently qualified him.

Resolved, That the efforts he has made in the arduous duties of his office, and for the benefit of the Institution committed to his care, entitle him to the highest praise and the lasting gratitude of the people of the State of New York.

Resolved, That we part from him with reluctance, and shall not soon forget his kind, gentle, and skilful treatment of the insane, nor his enlightened government of an institution which required the highest personal and professional qualifications for its management, and that, wherever he may go, he will carry with him our warmest wishes for his continued health, prosperity, and usefulness in that department of professional life, for which nature and education so eminently qualify him.

Resolved, that a copy of the foregoing resolutions, signed by the President and Secretary, be furnished to Dr. Benedict, and that the same be published.

S. G. WOLCOTT, *President*.

M. M. BAGG, *Secretary*.

Dr. Benedict was admitted a member of the Medical Society of the County of Oneida, N. Y. soon after his appointment as Physician and Superintendent of the N.Y. State Lunatic Asylum.

FOREIGN INTELLIGENCE.

Essence of Turpentine, by the Iatraleptic Method, for the Cure of Cholera.—Dr. **Elie Bellencontre** sent to the *Gazette des Hôpitaux* last January, the particulars of a very severe case of cholera, treated and cured by frictions of the essence of turpentine upon the vertebral column. The following case has occurred since the publication of the last report:—

Madame Berthau, aged 49, of nervous temperament, who had not menstruated for a year, accompanied to the Hospital St. Antoine, on the 28th of April, about midday, one of the domestics, who was attacked by cholera. Upon her return from the hospital about five in the evening, she was seized with watery evacuations, which persisted through the whole night; they were so numerous that neither the patient nor those who assisted could reckon the number. About five A. M. cramps in both upper and lower extremities, and also vomiting, supervened. Then there was suppression of the urine, and coldness of the entire body. About nine A. M. the family sent for Dr. A. Thierry; but, as he was absent, Dr. Bellencontre arrived in his place, and he found the patient in the following state: Face hippocratic and blue; no radial pulse; suppression of the urine; abundant and copious evacuations, which passed involuntarily; frequent vomiting; cramps so intense that they roused the patient from her torpor, and made her cry out; the skin, having lost its elasticity, retained the folds into which it was thrown after the cramps had subsided. The body looked like that of a skeleton.

For half an hour the oil of turpentine was rubbed, first along the vertebral column, and then over the whole body. Twenty drops were administered, with warm water, internally. Then the husband was directed to continue the frictions every quarter of an hour, or hour, until the surface of the body became red and in a glow. Towards evening there was a marked improvement; the warmth of surface had returned; the pulse had acquired both frequency and power. The skin assumed a red, coppery colour; the face had recovered animation. She confessed that she had no consciousness of what had passed. The evacuations were considerably diminished, both in amount and frequency.

The frictions were continued, and a solution of gum arabic was given in abundance as a drink, with the object of distending the alimentary canal, that the natural secretions might the more readily be restored.

The case terminated favourably, and the author concludes by remarking that he could enumerate others of a similar nature, two of which especially he mentions in justification of the anti-choleric value of this therapeutic agent.—*Med. Times and Gaz.* July 15, from *Gazette des Hôpitaux*, June 22, 1854.

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The Cholera.—This epidemic is now prevailing over a very considerable portion of the globe. It has reappeared with considerable virulence in different parts of Great Britain, and is prevailing in various parts of Italy, Turkey, France, and Russia, in Mauritius, the West Indies, and at different points over a considerable extent of North America.

London.—The disease has suddenly sprung into activity in this metropolis. For the week ending on the 15th of July, the number of deaths was only 5. In the following week (ending 22d July), the number rose to 26; in the week ending July 29, the mortality from it increased to 133; and in the following week, ending August 5, to 399.

Scotland.—Cholera raged, at the last accounts, with some severity at Glasgow, and has made its appearance in Edinburgh, and also in Skye.

St. Petersburg.—According to the official returns, there were 113 new cases of cholera, and 46 deaths on the 14th of July. There were, on the 9th of July, 670 cases of cholera, 74 of which occurred on that day, and 30 deaths; on the 10th there were 55 fresh cases, and 30 deaths.

Count Woronzoff Daschkoff, Grand Master of Ceremonies, died of the disease on the 8th of July, at Peterhoff.

Baltic Fleet.—There have been about 150 cases of cholera in the Baltic squadron, and about 48 deaths, it is said in a letter from a surgeon, dated Barro Sound, July 18. The Austerlitz, French Screwliner, has lost 54 or 56 men, including one officer. A very singular feature regarding the disease is, that the screw ships only have suffered from the epidemic, the sailing vessels escaping with impunity.

South of France.—On the 15th of July, the deaths at Avignon had reached 300. At the civil hospital there had been 41 cases, and 113 deaths. At Montpellier, there had been 41 cases and 16 deaths in hospital. At Marseilles, there is rather a diminution in the number of deaths, but in other places the epidemic continues to rage, and the alarm which it creates is excessive. Burgundy, and especially the neighbourhood of Dijon, seem to have suffered most. The whole of the valley of the Saône is attacked. At Dôle, several hundreds have died. The government has sent down twenty-one medical men to tend the sick. From several places the inhabitants have fled, and the towns are almost deserted. Many of the public functionaries have taken to flight, and the government has consequently deprived them of their offices. It is now said that the complaint is spreading, not only to the department of the Vosges which adjoins Burgundy, but towards Normandy.

Italy.—The cholera has made its appearance at Leghorn, Florence, and Naples. On the 27th of July, there were at Genoa, 126 cases, and 51 deaths. According to the last advices, the total number of cases of cholera there since the outbreak has been 1790; deaths, 747. The number of persons who had left Genoa on account of the cholera amounted, up to the 2d, to 30,514. The King left Turin on the 4th for Genoa, to visit the hospitals. The sanitary condition of Turin continues excellent; only two or three cases of cholera have occurred. In Genoa, nearly every shop is closed, and not a soul is to be seen in the streets. Popular prejudice is strongly excited, and the druggists' shops are constantly guarded by gendarmes, lest they should be laid waste as the laboratories of poison. Physicians are threatened as poisoners, while in the performance of their duties; and, the other day, one of them was so maltreated that he died of cholera produced by fear. A little east wind had in part abated the intense heat. The official return of the 3d showed 202 cases, and 91 deaths.

The East.—The French steamer which arrived at Constantinople, on the 12th of July, had nine fatal cases of cholera on board, between Malta and the Dardanelles.

A letter from a French medical officer, at Gallipoli, states that 400 of the French army are lying in the military hospitals of that place ill with cholera. Four French Generals have died of this disease. The Colonel of the 13th Regiment of the line (quartered at Gallipoli) is dead. The French had already lost two Generals—Ney and Carabuccia—about 25 officers, and 550 men. The 4th Regiment (English) had lost about 20. There were 80 men in hospital; and on the 24th of July there were 6 deaths, all decided cases of cholera. The heat was intolerable, often with the thermometer at 109 in the tents, and the water was very bad indeed.

The disease also rages in the Pirceus, and the French army there is suffering severely from it.

The epidemic is said also to prevail at Constantinople, Varna, Smyrna, and Malta.

The Mauritius.—A letter from Port Louis, dated May 30, states that the cholera had appeared in the prison of that town on the 15th, and by the 27th, 101 cases, and 36 deaths had occurred. Up to that date it was confined to the prison; but on the 28th it appeared in the town. On the 30th, the deaths had amounted to 100, and the disease was rapidly spreading to the interior.

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New Mode of Administering Cod-Liver Oil.—Take the yolk of one egg; sugar, two ounces; orange-flower water, one ounce; cod-liver oil, three ounces; essence of bitter almonds, one drop. Either the sixth or eighth part will be a dose, according to the quantity of oil which is intended for the patient.—*Annales Cliniques de Montpellier.*

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Collodion in Orchitis.—Prof. COSTES relates three cases of this disease, where rubbing over the scrotum with a mixture of twenty parts collodion and six of castor-oil was followed by disappearance of both swelling and pain, and by rapid and complete cure.—*Journ. de Bord.* March, 1854.

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Smallpox in Scotland.—Smallpox is said to be extensively prevalent in Scotland.

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OBITUARY RECORD.—M. LALLEMAND, formerly Professor at the Medical Faculty, of Montpellier, and well known by his treatise on Spermatorrhœa, and his Letters on the Encephalon, died recently at Marseilles, where he had gone for the benefit of his health.

THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

Statistical Report of the Principal Operations performed in the London Hospitals during June, 1854.

Lithotomy.—The case (*Case* 5) left under treatment last month has recovered. Number of cases, 4; recovered, 3; under treatment, 1.

Case 1. A boy, in good health, aged 12, under the care of Mr. Cutler, in St. George's Hospital. Two stones were removed, each of considerable size, and consisting of phosphate of lime, with lithic acid nucleus. Recovered. *Case* 2. A boy, aged 8, in moderate health, who had suffered extremely from the irritation caused by the stone, and whose urine was habitually alkaline. The usual operation was performed by Mr. Hawkins, in St. George's Hospital, and a stone of moderate size removed. The nucleus consisted of lithic acid, and was surrounded by concentric rings of lithic acid and lithate of ammonia, the outer coating being of triple phosphate. The patient is doing well. *Case* 3. A man, aged 67, a farm-labourer, stout, florid, and in good health, under the care of Mr. Cock, in Guy's Hospital. The usual operation was performed, and a large stone removed. Recovered. *Case* 4. A boy, aged 7, in good health, but who had suffered extremely from the stone, under the care of Mr. Cock, in Guy's Hospital. Recovered.

Lithotrity.—A man, aged about 54, is in the London Hospital, under Mr. Curling's care, on account of calculus in the bladder, on whom two lithotrity operations have been performed during the last month. Three years ago, Mr. Curling adopted the same measures, and succeeded in relieving him of all symptoms of stone, numerous fragments having been passed. He is the subject of a very much enlarged prostate, and habitually requires the use of a catheter.

Lithectasy (in the female).—Two cases have occurred, during the month, of operations for the removal of calculi from the female bladder. *Case* 1. A woman, aged 21, under the care of Mr. Fergusson, in King's College Hospital, admitted on ac-

Published monthly by BLANCHARD & LEA, Philadelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage to the subscriber.*

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count of symptoms of urinary irritation. It was found, on examination, that she had stone in the bladder, and that there was also a portion of iron-wire, on which probably the incrustation had formed, and one end of which projected into the vagina. Mr. Fergusson's operation consisted in incising the left side of the urethra to a sufficient extent to allow of the removal of the stone (previously crushed), and of the wire. The latter proved to be a common hair-pin, and had doubtless been introduced by the patient herself. The case remains under care. *Case* 2. A child, aged 3, under the care of Mr. Hilton, in Guy's Hospital. She had suffered so extremely from the irritation, that it was at first feared she would not bear any operation. After a few weeks' preparatory treatment, the chief measure in which consisted of opiate enemata, her health was thought sufficiently restored, and Mr. Hilton removed successfully a large calculus. It was necessary to incise both sides of the urethra, but the wounds healed kindly, and the child left the Hospital well, and with perfect control over the bladder. (We shall shortly report in detail both the above cases.)

Herniotomy.—The case (No. 11) left under treatment by last month's report, has recovered.

Number of cases, 10; recovered, 5; under treatment, 3; died, 2.

Case 1. A woman, aged 47, under the care of Mr. Curling, in the London Hospital; hernia femoral; strangulation three days; sac opened. About a week after the operation, feces began to escape by the wound, and have since continued to do so. The patient is doing fairly, but yet under treatment. *Case* 2. An infant, aged 1 year, under the care of Mr. Adams, in the London Hospital. The hernia was of the inguinal form, but did not extend into the scrotum; strangulation had existed for about twenty-four hours. The incision through the skin having been made, and the upper margin of the external ring divided, the intestine slipped back spontaneously. The child recovered well. *Case* 3. A woman, aged 60, under the care of Mr. Erichsen, in University College Hospital. The hernia was femoral, and had been five days strangulated. The sac having been opened, it was found to contain some fetid pus, and a knuckle of intestine, in a gray and gangrenous condition; the stricture was accordingly freely divided, and the bowel left *in situ*. The after-treatment consisted in the application of poultices to the part, and the internal exhibition of opium. Shreds of slough soon after began to separate, and, on the fourth day, the bowel gave way, and feces began to escape into the wound. On the seventh day, motions began to pass by the anus, after which, the discharge by the wound gradually diminished. The healing process was complete on the twenty-fifth day, the recovery being perfect. *Case* 4. A woman, aged 65, hernia femoral; strangulation nearly three days; sac opened. Profuse suppuration from the sac followed, attended by symptoms of acute peritonitis, from which the patient died on the fifth day. No autopsy. *Case* 5. A woman, aged 48, under the care of Mr. Hancock, in Charing-cross Hospital, hernia femoral; strangulation 12 hours; sac opened; recovered. *Case* 6. A woman, aged 52, under the care of Mr. Callaway, in Guy's Hospital; hernia inguinal, and of small size; strangulation about 52 hours; sac not opened; recovered. In this case the whole tumour slipped up spontaneously as soon as the margin of the external ring was cut. *Case* 7. A woman, aged 73, in Guy's Hospital, under the care of Mr. Birkett. She had, for many years, been the subject of an irreducible femoral hernia on the left side; the tumour had become larger, and there had been well-marked symptoms of strangulated bowel for about 16 hours previous to the operation. The stricture having been divided, external both to sac and to fascia propria, the bowel was easily reduced. More hemorrhage than usual followed the incision of the ring, but it was arrested by pressure. All symptoms of strangulated intestine ceased after the operation. The woman lived rather more than three days, and died apparently of bronchitis, to which she had long been subject. At the autopsy, no decided evidences of peritonitis could be found; in the left iliac region lay a portion of ileum about three inches long, which, from its appearing more congested than the rest, was judged to have been the strangulated part; its tissues were quite healthy. In the wound made by the operation was a clot of blood, which had probably proceeded from a vein, as no wounded artery could be discovered. The stricture had been divided external to the fascia propria, and the latter membrane was much thickened, and closely adherent to the peritoneal sac. The sac, the size of a small egg, contained a piece of omentum, which adhered to its neck, and a small quantity of dark-coloured fluid. Most of the organs in the body were in a state of fatty degeneration. The bronchial tubes contained much mucus. *Case* 8. A woman, aged 48, under the care of Mr. Stanley, in St. Bartholomew's Hospital; hernia femoral; strangulation four days; sac not opened; recovered. Mr. Stanley operated by means of a small incision, not more than three-quarters of an inch long. *Case* 9. A man, aged 79, under the care of Mr. Lawrence, in St. Bartholomew's Hospital; hernia scrotal, the size of two fists; strangulation thirty hours; sac opened; doing well. Eighteen inches of small intestine were exposed in a much discoloured state, but apparently sound; a mass of omentum weighing seven ounces was cut away. Some suppuration of the sac and phlegmonous inflammation about the wound followed, but are now subsided. *Case* 10. A man of middle age, in the London Hospital; hernia scrotal; very large; of seven years' standing, but strangulated only half an hour; sac not opened; doing well.

Ligature of Arteries.—Case 1. A man, aged 49, under the care of Mr. Curling, in the London Hospital, on account of a severe concussion, had a pulsating swelling form in the right orbit. The eye became pushed forwards, and vision much disturbed. There were all the signs of aneurism, and the conclusion arrived at was, that in the accident some injury had been inflicted on the trunk of the ophthalmic artery, which had led to its ultimately giving way. The tumour rapidly enlarging, Mr. Curling decided to place a ligature on the common carotid artery. The operation was successfully performed. Immediately afterwards the man lost all sight in the eye, but within a few days afterwards the faculty gradually returned. The recovery was perfect, all signs of tumour disappearing, and the eye having sunk back into its proper site, and regained its function completely. *Case* 2. A woman, aged 30, admitted under the care of Mr. Hancock, into the Charing-cross Hospital, on account of an injury over the wrist. To arrest the bleeding pressure was used, but repeated attacks having made it evident that the ulnar artery was wounded. Mr. Hancock cut down upon that vessel, and tied both ends at the seat of injury. The operation was done a week after the accident, and the patient recovered well.

Trephining of the Skull.—The following case occurred in Guy's Hospital, under the care of Mr. Birkett. A boy, aged 7, was admitted, with the account that a carriage-wheel had passed over his head; but his scalp was not cut anywhere. Soon after admission, the symptoms of compression became so urgent that Mr. Birkett was induced to divide the scalp over some extravasated blood, in order to examine the bone beneath. A fracture of the squamous portion of the right temporal bone, running into the parietal, having been discovered, the trephine was applied on its edge. No blood was, however, found between the dura mater and the bone. Death took place within a few hours of the accident. The *post mortem* showed extensive laceration and contusion of both cerebral hemispheres, and besides the fracture just mentioned, one extending into the petrous portion of the right temporal bone. There was no blood external to the dura mater on either side.

Compression Treatment of Aneurism.—Mr. De Morgan's case, in the Middlesex Hospital, continues under care. Not much effect has as yet been produced upon the tumour. It is situated just above the popliteal space, between the hamstring tendons, and is about the size of an orange. The patient is a healthy, florid man, aged 60; he bears the treatment very well, and can now sleep with the compressor so tight as to quite arrest pulsation. Mr. De Morgan is applying light pressure over the sac itself. A man of middle age is under Mr. Cock's care in Guy's Hospital, for popliteal aneurism, on whom the compression plan is being tried. The aneurism was at first the size of a large egg, and now, after about a month's treatment, it has been reduced to that of a pigeon's egg, and has become more solid. It still, however, pulsates. The man is not able to bear quite continuously such an amount of pressure as arrests the pulsation entirely.

Amputations.—Of the cases left under care the following have ended fatally: *Case No.* 7, *of the Report for March* —The man had been much reduced by secondary hemorrhage a week after the operation, and death, which occurred in the twelfth week, appeared to be induced by exhaustion. Bed sores had formed, and there had been profuse suppuration from them. *Of last* *month's Report, Case* 5. Death from pyæmia fourteen days after the operation. At the *post mortem* secondary deposits were found in the lungs and liver. *Case* 11. Death about one month after the operation, well-marked symptoms of pyæmia having been present. With these exceptions the cases are either recovered or doing well.

Number of cases, 14; recovered, 1; under treatment, 12; died, 1.

Of the *Thigh.—Case* 1. A boy, of strumous diathesis, aged 8, under the care of Mr. Erichsen, in University College Hospital. Amputation through the condyles of the femur was performed on account of disease of the tibia following an injury, and involving both the ankle and knee-joints; under treatment, and doing well. *Case* 2. A man, aged 29, under the care of Mr. Stanley, in St. Bartholomew's Hospital. An operation on account of ununited fracture of the femur had been performed three months ago (see *Medical Times and Gaz.* for April 22, page 406), and had failed, leaving the man much debilitated by long suppuration, and with the parts in the condition of a compound fracture. There appeared no chance of recovery with a useful limb, and Mr. Stanley accordingly determined to remove it. Amputation was performed not much below the great trochanter. No fewer than twenty-six arteries required ligature before the bleeding could be arrested, and, in spite of the care exercised in this respect, a slight attack of secondary hemorrhage occurred a few days afterwards. The man has since done well, and may now be regarded as convalescent. *Case* 3. A boy, aged 13, of strumous constitution, under the care of Mr. Stanley, in St. Bartholomew's Hospital, on account of necrosis of the lower part of the femur, involving the knee-joint. Amputation in the lower third of the thigh was performed, and the boy has recovered without a bad symptom. *Case* 4. A man, aged 40, in good health, under the care of Mr. Cutler, in St. George's Hospital, on account of chronic disease of the knee-joint, which, although no abscesses had formed, prevented him from using the member. Doing well. *Case* 5. A boy, aged 14, under care of Mr. Cutler, in St. George's Hospital, on account of strumous disorganization of the knee. Doing well. *Case* 6. A man, aged 50, under the care of Mr. Paget, in St. Bartholomew's Hospital. Secondary amputation was performed two weeks after compound fracture of the tibia and fibula; under treatment. Of the *Leg.—Case* 7. A woman, aged 31, under the care of Mr. Paget, in St. Bartholomew's Hospital, on account of diseased ankle. A flap amputation in the lower third of the leg was performed, and her progress since has been good. *Case* 8. A man, aged 23, under the care of Mr. Critchett, in the London Hospital; a strong and healthy labourer. Primary amputation after compound fracture. Under treatment. Of the *Foot.—Case* 9. A girl, aged 16, in tolerable health, under the care of Mr. Cutler, in St. George's Hospital, on account of strumous disease of the metatarsus and part of the tarsus. Chopart's amputation was performed, and the stump promises to be a very good one. *Case* 10. A man of middle age, admitted under the care of Mr. Critchett, into the London Hospital, on account of severe compound fracture of the foot, in which the ankle-joint had been laid open, the femur on the same side being broken. With some difficulty the operator managed to obtain skin enough to allow of amputation at the ankle. The flaps afterwards sloughed away, leaving the bones exposed. The man, whose habits had been very intemperate, had, by the very free use of stimulants, been kept from passing into delirium, and his condition appeared promising, the stump being covered with healthy granulations. Nearly a month after the first operation, it was decided to remove the projecting ends of the tibia and fibula, and the patient's consent to this measure was accordingly asked. The thought of a second operation seemed to annoy him very much, and he refused to submit to it. On the same evening, violent delirium set in, and continued till death, which took place three days later. At the *post mortem*, the internal viscera were not examined; no phlebitis was discovered, but there was a collection of matter around the ends of the fractured femur. Of the *Upper Extremity.—Case* 11. A man, aged 25, under the care of Mr. Ward, in the London Hospital, on account of crushed hand. Primary amputation at the wrist-joint was performed. Doing well. *Case* 12. A man, aged 31, under the care of Mr. Cutler, in St. George's Hospital, on account of contusion of the forearm. Gangrene resulted ten days after the accident, and amputation above the elbow became necessary. The patient remains under treatment. Examination of the arm showed the ulnar and radial arteries plugged with lymph. *Case* 13. A man of middle age, in the London Hospital; primary amputation through the forearm, on account of crushed hand. Recovered. *Case* 14. By Mr. Quain, in University College Hospital; amputation above the wrist, on account of an epithelial cancer on the hand. The patient, a woman aged 60, in good health, is going on favourbly.

Excision of Bones and Joints.—The numerous cases of this class previously reported remain under treatment. During the month there have been performed the following: *Case* 1. Excision of the head of the femur, by Mr. Erichsen, in University College Hospital. The patient was a boy, aged 8, much emaciated, and in an advanced condition of hectic, from long-standing disease of the hip-joint. The head and neck of the femur were found to be extensively diseased, and undergoing absorption; the acetabulum was also involved, and required to be gouged out. The patient has done well since the operation. *Case* 2. By Mr. Fergusson, in King's College Hospital; excision of the elbow-joint of a young man. The patient is under treatment. *Case* 3. By Mr. Paget, in St. Bartholomew's Hospital; excision of the elbow-joint of a woman, aged 18. The patient had long suffered extreme pain in the joint, which treatment failed to relieve; the articulation was quite destroyed, and. among other measures, free incisions had previously been tried. After the excision of the diseased extremities of the bones, all pain ceased, and the case now promises a speedy cure. Mr. Paget did not make the ordinary H-shaped incision, but omitted the inner one of the longitudinal cuts, believing that he obtained quite sufficient room without it. *Case* 4. By Mr. M'Murdo, in St. Thomas's Hospital; excision of the left half of the lower jaw on account of malignant disease. The patient was a cachectic man, of very nervous temperament, aged 28. The tumour grew from within the bone, which it had expanded; it was rapidly increasing. Mr. Simon made an examination of its microscopic characters after the excision, and pronounced it an example of the fibro-plastic or myeloid tumour. The operation was attended by very little loss of blood. The patient did well for the first ten days, when he was attacked by erysipelas, under which he gradually sank, and death took place on the fourteenth day. No *post-mortem* examination of the viscera was permitted. *Case* 5. Under the care of Mr. Birkett, in Guy's Hospital; excision of the astragalus. The patient, a boy aged 8, had sprained his foot some months previously, and, in spite of treatment, the disease had advanced till an operation became unavoidable. Under the influence of chloroform, Mr. Birkett examined the part, and cut down upon and removed as much as practicable of the affected bone. Since the operation the boy's health has improved, and there seems some chance of saving the foot.

Excision of Malignant Growths.—Most of the cases mentioned last month yet remain under treatment; none have ended fatally. During the month there have been performed—*Case* 1. In the London Hospital, by Mr. Adams; excision of the upper part of the ear of a man, aged 66, on account of epithelial cancer. *Case* 2. In St. George's Hospital, by Mr. Tatum; removal of large epithelial cancer from the lower lip of an elderly man. *Case* 3. By Mr. Quain, in University College Hospital; on account of epithelial cancer on the hand; amputation above the wrist. (See *Amputations.*) *Case* 4. By Mr. Lawrence, in St. Bartholomew's Hospital; excision of a mass of epithelial cancer, the size of a walnut, from the prepuce and side of glans penis of a middle-aged man; the disease was of eight weeks' duration; recovered. *Case* 5. By Mr. Lawrence, in St. Bartholomew's Hospital; removal of two-thirds of the scrotum of a chimney-sweep, aged 33, on account of epithelial cancer. One of the testicles was so involved, that it was found necessary to remove it. The patient is doing well. *Case* 6. By Mr. Paget, in St. Bartholomew's Hospital; amputation of the entire penis of a man aged 39. The disease was of three years' duration, and had formed in the cicatrix of an injury received in boyhood; recovered. *Case* 7. By Mr. Paget, in St. Bartholomew's Hospital; exsision of a scirrhous breast from a woman aged 46; recovered. *Case* 8. By Mr. Poland, in Guy's Hospital; excision of a scirrhous breast from a woman aged 35. Doing well. *Case* 9. By Mr. Cock, in Guy's Hospital, excision of a tumour of doubtful nature from the scalp of a boy aged 14. The growth had rapidly reproduced itself after a former excision. (See *Case* 3, of last month's report.) In the last operation, Mr. Cock removed the pericranium, and a thin shell of bone has since exfoliated. It is hoped, therefore, that the whole has now been extirpated. The lad is nearly recovered, and appears in good health. *Case* 10. By Mr. Avery, in the Charing-cross Hospital, excision of a scirrhous breast from a middle-aged woman; recovered. *Case* 11. By Mr. Birkett, in Guy's Hospital; excision of the right half of the lower lip, on account of epithelial cancer. The patient, a man aged 62, had suffered from the disease for two years, and one of the submental lymphatics had become enlarged. Phlegmonous erysipelas of the pharynx occurred on the third, and caused death on the ninth day after the operation. At the autopsy, pus was found infiltrated in all the tissues of the pharynx; the enlarged gland had softened in the centre. None of the internal viscera were affected with cancer. *Case* 12. By Mr. Birkett, in Guy's Hospital; amputation of the penis immediately behind the glans, on account of epithelial cancer. The patient was a man aged 67, *not* the subject of congenital phymosis. The disease had begun on the lining of the prepuce, which latter it had perforated, and then formed a sprouting wart-like growth on its outer side. The surface of the glans was only superficially involved. Recovered.

Removal of Non-malignant Growths.—Nearly all the cases mentioned in the last report have recovered. In Mr. Birkett's case of epulis, a second operation has been performed for the removal of a small portion which had probably escaped on the first occasion.

During the month, there have been performed, *Case* 1, by Mr. Birkett, in Guy's Hospital, removal of a testis under the following circumstances: A man, aged 33, had, for three months before admission, noticed his right testicle larger than the other. Subsequently fluid had been effused, and he had been twice tapped for hydrocele. When he applied to Mr. Birkett, there were evidences of the presence of fluid, and a trocar then introduced drew off about half an ounce of serum. Hoping that the disease might prove hæmatocele, the operator next laid open the cavity of the tunica vaginalis. This was done by a free incision, and the testis exposed. The tunica vaginalis was seen to be entire, and expanded over a large growth within it. An incision having been made into it, a fleshy mass was exposed, and immediate extirpation of the whole gland was accordingly performed. The disease proved, on further examination, to be a fibro-cystic tumour, about the size of an egg, surrounded by a firm fibrous cyst, and inclosed the expanded gland structure of the testis. The cord was quite healthy, and the testis, excepting from its expansion by the growth within it, did not appear diseased. Mr. Birkett made his incision in the integument more posteriorly than is usually done, in order to allow of the more easy escape of the purulent discharge. The healing process was completed without drawback. *Case* 2. By Mr. Stretton (house-surgeon), in St. Bartholomew's Hospital; excision of a small, painful, subcutaneous tubercle. In microscopic character the tumour appeared to be simply cartilaginous. The patient was a woman, aged 42. Recovered. *Case* 3. In St. Bartholomew's Hospital, by Mr. Lawrence; removal of an exostosis about the size of an egg from the inner side of the femur at the beginning of its lower third. The patient was a young woman, and had known of its existence for three years. Recovered. *Case* 4. By Mr. Birkett, in Guy's Hospital; removal of a growth of doubtful nature from the right mammary gland of a single woman, aged 37. It had been known to exist for six months, and, in June, 1851, Mr. Birkett had excised a similar one from the same part. Both the tumours were circumscribed and moderately firm. In neither were the elementary structures or their arrangement similar to those of any form of cancer. Besides the above, fatty tumours in two cases, and encysted in four, have been successfully operated on.

Tracheotomy.—In a case of croup, in a child aged 10, by the Physician's Assistant, in University College Hospital. The operation was performed on the second day of the disease, and afforded relief; but the child ultimately died of pneumonia, with extension of croupal inflammation down the trachea.

Puncture of the Bladder.—Mr. Simon's case remains under care.

Operations for Urethral Stricture.—The cases previously mentioned remain under care. During the month the following has been performed: A man, aged 50, was admitted into St. Thomas's Hospital on account of extravasation of urine, the consequence of stricture. The parts were enormously distended, and the swelling reached as far as the right groin. The man was extremely sunken. Mr. Solly practised free incisions, by which much pent-up matter and slough was liberated. By degrees the man slowly recovered, and the incisions in the perineum nearly healed. When the cure had thus far advanced, it was found impracticable to accomplish the dilatation of the stricture, on account of the constitutional irritation which the use of instruments always occasioned, and Mr. Solly accordingly determined to practice perineal section. This having been done, a catheter was introduced, and has ever since been kept in. The man is improving in health.

Ligature, etc. of Nævus.—Mr. Lawrence's case of aneurism by anastomosis remains under treatment. During the month several cases of nævus have been operated on with success, but none of them reqnire especial mention.

Plastic Operations.—The cases, previously mentioned under the care of Mr. Brown, in St. Mary's Hospital, remain under treatment.

During the month the following have been performed; *Case* 1. By Mr. Hilton, in Guy's Hospital, an operation for the closure of a fistulous communication with the mouth. The opening had resulted from the sloughing caused by smallpox, and was situated about an inch from the right angle of the mouth. The bone had been involved, and the edges of the cicatrix adhered closely to it. There was at the posterior part of the opening a ridge of bone which projected, so that it would probably have frustrated any attempt to unite the borders of the aperture. Mr. Hilton accordingly performed a preparatory operation for the removal of this ridge; and, having allowed the parts to heal, then proceeded to the final one. The latter consisted in freely cutting away the borders of the aperture, and then dissecting up the integument all around, cutting between the muscles and the mucous membrane, but not disturbing the latter. The flaps, having been sufficiently freed, were brought into contact by means of three harelip pins, over which the twisted suture was applied. Union by first intention followed, and the success was most complete. *Case* 2. Operation for cleft-palate, by Mr. Pollock, in St. George's Hospital, on a young woman, aged 24. The fissure extended through the whole of the hard palate. The soft parts covering the hard palate were dissected and united before and behind, leaving a small hole in the centre. A second operation will be required in this, as also in the next case. *Case* 3. Operation for cleft palate by Mr. Pollock, in St. George's Hospital, on a young woman, aged 16; the cleft extended into the hard palate but not through it. The operation consisted in uniting the soft palate, the posterior part of which healed kindly.

Paracentesis of the Chest.—*Case* 1. A young woman, in Guy's Hospital, under the care of Mr. Cock, on account of a sloughing wound in the axilla, was attacked by symptoms of pleurisy with effusion. The dyspnœa having become urgent, and there being signs of the distension of the right side with fluid, the operation of puncture was determined on, and, in Mr. Cock's absence, performed by Mr. Poland. Only a few drops of serum escaped by the trocar, which had evidently entered some solid substance. Death from increase of effusion took place a few days afterwards, and at the *post mortem* it was found that there existed a large mass of subpleural deposit of medullary cancer, and that in the middle of this the puncture had been made. The pleura contained a large quantity of serum, which might have easily been reached by puncture in other parts away from the tumour. *Case* 2. A man, aged 30, in St. George's Hospital, under the care of Dr. Bence Jones, for acute pleurisy, with effusion. The first time a grooved needle was used; what appeared to be serum only escaped, and the operation was accordingly deferred. On puncturing with the trocar a week later, about twenty ounces of pus were drawn off. The operation was repeated a second time with like result; but subsequently, owing to the presence of signs of air in the cavity, a free opening has been made. and the matter allowed to discharge itself. The patient is in a very dangerous condition.

Operation for Ununited Fracture.—In Mr. Stanley's case of ununited fracture of the femur, in which the ivory pegs and silver wire had been used, it has at length been deemed necessary to amputate the limb. Union had not resulted, and the man's health was suffering much. He has done well since the amputation. In Mr. Lawrence's case of ununited fracture of the tibia, in a boy, the trial of rest with a starch bandage having quite failed, the introduction of a seton has been resorted to, The case remains under treatment.

Operation for Imperforate Anus.—Mr. Quain's case, mentioned last month, remains under treatment, and is doing well. There has been no further difficulty with the opening in regard to its tendency to contract.—*Med. Times and Gaz.* July 22, 1854.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Yellow Fever.—We are pained to record the awful ravages of this disease, which has prevailed in some of our southern cities in its most malignant form.

Galveston.—At the latest dates (10th Sept.) the disease was prevailing, causing a mortality of 14 or 15 daily.

New Orleans.—The disease is on the increase in this city. The first death from the disease occurred, it is said, on the 14th of July. During the month of August, the number of deaths in the Charity Hospital, from this disease, was 300; during the first two weeks in September, 271. The total mortality in the city, during the week ending September 16, amounted to 530, of which 340 were from yellow fever. The deaths are said to average about 50 daily.

Savannah.—This beautiful city has been severely afflicted by yellow fever, after an exemption from its epidemic visitation for more than thirty years, in its most malignant form. Three-fourths of the white population have fled, it is stated, in dismay. The total mortality during the last five weeks has been 681, of which 439 were from yellow fever.

Augusta.—The disease prevails in this town, and a large proportion of the white population have fled to the neighbouring villages, or are living in tents along the road-side.

Charleston.—The yellow fever has been prevailing in this city for several weeks, and is steadily on the increase. The total deaths for the week ending September 23, was 161, of which 181 were from yellow fever. The deaths from the disease at the latest dates, numbered 15 or 20 daily.

Cholera.—This disease continues to prevail in various portions of our country, and in some has committed severe ravages.

Columbia.—On the 8th of September, the disease suddenly appeared in Columbia, Pa., creating a great panic, and causing those of the population who were able, to fly from the town—of 6,000 only 1,200 remained. The number of deaths during the first ten days, amounted to 107. The epidemic has now ceased.

Pittsburgh.—The epidemic appeared in this city in a very violent form, on the 13th of September, and during the first ten days produced a mortality of 560. It is now on the decline.

New York.—The total number of deaths from cholera this year, up to last week, was 2,275.

Philadelphia.—The total number of deaths from cholera this season has been 521.

Medical School of Harvard University.—Dr. D. Humphreys Storer has been appointed to the chair of Midwifery and Medical Jurisprudence in this school, rendered vacant by the resignation of Prof. Walter Channing. Dr. Storer is a gentleman of cultivated mind, great scientific acquirements, and extensive professional experience, and we congratulate the school that his valuable services have been secured to it.

New York State Lunatic Asylum at Utica.—Dr. John P. Gray has been appointed Superintendent of this Institution, in place of Dr. Benedict, resigned.

Indiana Medical Journal.—This Journal, of which one number only has appeared, will not be continued.

Obituary.—We regret to record the death of Waldo J. Burnett, M. D., which took place in Boston, from phthisis, on the 15th of July, at the early age of 26 years.

FOREIGN INTELLIGENCE.

Death from Chloroform.—A death from chloroform has occurred at the Middlesex Hospital. The patient was a stout, muscular, and florid man, sixty-five years of age, and was admitted into the Middlesex Hospital July 4, 1854, under the care of Mr. De Morgan, for a large malignant tumour, growing on the inner side of the left femur. The patient was a labouring man, had always been accustomed to hard work, and had never had any serious illness till the time he discovered the tumour on the thigh, which was two years before. After a consultation it was agreed to perform amputation at the upper part of the thigh. The patient was accordingly taken to the operating theatre on July 13. Chloroform was then administered by Mr. Sibley, the Registrar to the Hospital. Snow's inhaler was employed. The quantity at first placed in the inhaler was rather less than two drachms, and another drachm was added eight minutes afterwards. The patient inhaled the chloroform without difficulty, and went through the usual stages; at the end of about ten minutes violent spasm was induced; this continued about three minutes, and then somewhat abated. The pulse, which had risen to about 120, descended to 70, having a full, steady, and deliberate beat. The pupils, which had been much dilated, became less so. The respiration continued free and deep, but not stertorous. The colour of the face remained good.

At this moment, which was between thirteen and fourteen minutes from the commencement of the inhalation of the chloroform, the pulse gave a few rapid and irregular beats, and then ceased. Respiration, which, as has been stated, had been going on freely, ceased simultaneously. The face became suddenly pallid and deathlike. The inhaler was removed instantaneously, and cold water dashed on the face. Mr. Sibley immediately commenced to carry on artificial respiration, by applying his mouth to that of the patient, and inflating the lungs. The period that elapsed between the sudden cessation of the pulse and the inflation of the lungs was only a few seconds. After a few inflations there appeared to be a slight effort at inspiration, but this was the only sign of life discovered after the syncopal attack. Galvanism was in operation within two minutes after the cessation of the pulse. Artificial respiration was carried on at first from mouth to mouth, and afterwards through a canula, which Mr. De Morgan inserted through the crico-thyroid membrane, for about forty minutes, at the end of which time, the body growing cold, the efforts at restoration were abandoned.

An examination of the body was made by Dr. Corfe, forty-eight hours after death. In the head nothing particular was discovered; the brain was firm, and rather more vascular than natural; the blood in the sinus was partly coagulated; the heart was rather larger than natural, and was extremely loaded with fat, especially on the right side, where fat formed three-fourths the thickness of the wall of the ventricle; the muscular tissue was extremely pale and soft, and exhibited both to the naked eye and the eye assisted by the microscope, an extreme degree of fatty degeneration; the blood in the cavities of the heart was firmly coagulated; on both sides it was almost purely fibrinous; the clot on the right side was larger than that on the left; a fibrinous clot extended down the aorta.

In this case, both the mode of death and the pathological appearances indicate unequivocally the manner in which death took place—namely, by the sudden cessation of the action of the heart. This sudden cessation arose from there being a heart barely capable of performing its functions to a system in a state of tranquillity. But here a stimulant had been applied, exhausting the muscular energy of the organ by excessive action; at the same time the venous system, both central and ganglionic, was supplied with blood containing a fluid, which, after exciting, would deaden its action. The heart, in this way exhausted by undue action, when stimulated to contract by a venous force less than natural, failed to respond, and death immediately ensued.—*Med. Times and Gazette*, July 22, 1854.

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Treatment of Cholera by Castor-Oil.—Dr. George Johnson has treated the cases of cholera admitted into King's College Hospital, with castor-oil, and he claims for it remarkable success. Of fifteen cases, in the very extremity of collapse, treated by this method, twelve recovered, and in one of the three fatal cases, the patient died half an hour after admission; and in the two others the plan of treatment was not carefully carried out by the nurses.

Dr. Johnson's treatment is founded on the hypothesis that in cholera some mysterious poison enters the blood, which, while it exerts a powerful depressing and narcotic influence on the entire nervous system, in most cases excites a copious secretion into the stomach and intestines, whereby the poison is separated from the blood and thus ejected from the body. And, he adds, if this be the rational pathology of cholera, what treatment is so likely to be injurious as that which attempts, by narcotics and astringents, to arrest the discharges? What procedure so full of promise as that which has for its object to favour and assist the elimination of the poison?

"Assuming, therefore," he says, "that it is desirable to encourage rather than to suppress the diarrhœa, the agent best adapted to accomplish this result appears to be castor-oil—the mildest, least irritating, and yet withal the quickest purgative which we possess. Our plan has been to give the oil in doses of half an ounce every half hour, and to continue these doses until the bowels are very freely acted on, when we give it at longer intervals, and discontinue it altogether as soon as reaction is fairly established. It is usually given in cold water. A patient with a cold tongue has not a very delicate sense of taste, and we have had no difficulty in administering the medicine. It sometimes excites vomiting, and we have had such decided evidence that the effort of vomiting is beneficial, that we are rather gratified than otherwise with this result. In every case, we give cold water *ad libitum.* We put mustard poultices over the stomach, to relieve the pain which is usually complained of in that situation; we apply dry heat to the cold extremities, and friction to the cramped muscles; we most carefully avoid opium and brandy until the period of collapse is safely passed; and we have not as yet had one case of secondary fever. It may be well to observe that the success of the plan depends upon a steady, persevering, watchful attention to every case, at every period of its progress. Let no one imagine that he has done all that is required, when he has ordered a nurse to give half an ounce of castor-oil at certain intervals. He must be quite sure that his directions are fully carried out.

"I must not omit to mention that one or two of our patients have been rescued from an almost fatal lethargy by an emetic of mustard and salt; and that in one case the addition of two drachms of oil of turpentine to one dose of castor-oil appeared to act as a wholesome stimulant during the stage of icy coldness. As to the quantity of castor-oil which may be given with impunity, I may state that more than one patient has had as much as a pint in the course of forty-eight hours, and that in several cases in which, with extreme collapse, there has been a torpid condition of the bowels, we have given the oil in doses of a full ounce.—*Med. Times and Gaz.* Sept. 9, 1854.

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CHOLERA.—*London.*—The disease continues to increase. In our last No., p. 147, we gave the mortality for each week from its first appearance up to the 5th of August. The following is the mortality from cholera for the succeeding four weeks: For the week ending August 12, the mortality was 644; week ending August 19, 729; week ending August 26, 847; week ending September 2, 1,287. The deaths from cholera during the nine weeks, have been, 1, 5, 26, 133, 399, 644, 729, 847, 1,287. Of the 2,783 persons who died in London during the first seven weeks of the present epidemic, 1,706 of the number have fallen on the low grounds of London, out of 595,119 people whose dwellings are not ten feet above the Thames; 705 have died out of 648,619 on the higher ground, extending from ten to forty feet above the same level; and only 345 out of the 1,070,372 who live on the ground that has an elevation extending from 40 to 350 feet. The mortality from cholera to 100,000 living at the three elevations is 287 at the lowest, 109 at the middle, and 32 at the highest region.

Black Sea Fleet.—It is stated that 1,200 men of the allied squadrons have been put *hors de combat* by cholera.

British Army in Turkey.—The Director-General of the Medical Department states that, up to the 14th of August, the total deaths from Cholera in the British forces in the East, of a total strength of 34,000 men, had amounted only to 443. At that date the epidemic was declining considerably.

Mauritius.—The cholera has nearly disappeared; about 15,000 deaths, chiefly among the blacks, have occurred.

Hospitals of Paris.—Cases admitted from the 24th to the 30th of August, inclusive, 331: discharged, 192; dead, 179. Total cases treated, 5,599; discharged, 2,217; died, 2,868; remain under treatment on the 30th, 514.

France.—In Paris, this disease has been rapidly gaining ground again after a temporary lull. The total number of cases received in the hospitals, from July 17 to August 2, both inclusive, was 633. 301 died, and 217 were discharged, during the same period. On the 14th, 15th, and 16th of August, there were 156 cases, and 81 deaths. There had been treated since November, 4,884 cases; 1,862 had been discharged, 2,508 had died, and 514 removed under treatment. The total cases from the 3d to the 16th of August, inclusive, was 789; 294 were discharged, and 379 died, during the same period. In the departments, it has been extremely fatal. In the civil hospital of Troyes, of 12 admissions, every one died; and, in a second report of 24 admissions, there were 22 deaths. At Morlaix, of 8 cases, 6 died. In a small district of the Haute-Marne, of 360 inhabitants, one-third of the population died in a few days. The general mortality in France has been 50 per cent. At Marseilles, from the 10th to the 29th of July, the deaths exceeded 100 daily. On the 30th, the number fell to 76; on the 31st, it was 103; and, on the 1st, 2d, and 3d of August, 67, 83, and 75. It has commenced at Strasbourg, and the deaths were 40 in the first four days. Montbredain is a village of 2,000 inhabitants, in a healthy situation. It has been ravaged by the cholera, since the 12th of July. The first case was that of a sucking child, brought from Paris, who died two days after his arrival. The second victim was the sister of the nurse of this child. Lyons has been attacked, although it entirely escaped in 1832 and 1849.

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Disclosure respecting Spirit-Rapping.—At the meeting of the Academy of Sciences of Paris, on the 12th of June last, M. Rayer called the attention of the members to some experiments of Dr. Schiff, of Frankfort, touching spirit-rapping. This physician had under his observation a young girl, with whom certain noises took place, attributed to the rapping of spirits. Dr. Schiff, by paying much attention to the case, found out that the sound issued from the girl herself, and not from any other source. The noise is, in fact, produced by the repeated slipping of the tendon of the peronæus longus from the sheath in which it glides in passing behind the outer ankle. Dr. Schiff succeeded in repeating upon himself the same phenomenon presented by the girl, which was supposed to depend upon a rapping spirit. When the sheath of the tendon is weak and lax the noise is very easily made, and may be produced without moving the foot in the least; but when the finger is placed behind the outer ankle just when the sound is being made, the alternate and repeated displacement is felt without difficulty, the action being accompanied by a rapid up and down movement of the same tendon. The Secretary of the Academy requested Dr. Schiff, who was present at the meeting, to repeat the experiment before the members. The rapping was accordingly produced, and heard at the distance of several yards, though silence was far from being complete. The feet were quite open to view, but no movement could be perceived.—*Lancet*, July 22, 1854.

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Why new Bread becomes Stale.—We think M. Boussingault is correct in saying the common belief of the cause of the conversion of new into stale bread is that it gets dry; or, in other words, that it loses water. A very slight consideration of the subject, is enough to prove to every one the error of such a notion; since by mere reheating, accompanied by a still further loss of water, stale bread again assumes its previous *new* condition. This chemist, however, has wisely deemed it worth his while to investigate the changes sustained by bread during its transformation, and finds that an 8 lb. loaf taken out of the oven, was, in its interior, at a temperature of about 207° Fahr.; on this loaf he experimented, with results of which we shall merely note the more important details.

The loaf was suspended in a room at the ordinary temperature, 61°—66°, and the loss of heat by the bread noted; at first hour by hour, and afterwards daily. After twenty-five hours had elapsed, the temperature of the bread had sunk to that of the room, and the loaf had lost 0.008 per cent. of its weight—water of course. It was now "half stale," and the crust no longer hard. On the following days, the temperature of the loaf was a trifle below that of the room, which phenomenon M. Boussingault seems to have passed unnoticed, although it is a very marked one, and is doubtless closely connected with the conversion of the new into stale bread. At the end of the sixth day, the bread was thoroughly stale, although it had lost only one ten-thousandth of its weight by drying; quite enough to show that loss of water has nothing to do with producing stale bread. The loaf, when reheated, was of course as fresh as at the first.

Under the guidance of these results, Boussingault regards *staleness* in bread as due to a gradual change in its molecular condition, and not to a loss of water; undoubtedly a correct conclusion, and one which might have been carried further, so as to show this molecular change to be dependent and consequent upon a change of temperature; which temperature appears to be 120° Fahr., or thereabouts; at and above which bread remains *new;* and below which it gradually becomes *stale.* The difference of temperature between the bread and the external air during its transformation, would lead to the conclusion that the change in the molecular structure of this aliment is accompanied by a change in its capacity for heat; a portion of its original heat becoming latent during the change.—*Provincial Med. and Surg. Journ.* June 30, 1854.

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Poisoning by the introduction of Visiting Cards into the Mouth.—In the month of August, 1853, Dr. Caffe was summoned to the Hôtel des Princes, by M. Riek, a Mexican merchant of German extraction, to see his infant, who was suffering from the usual symptoms attending poisoning by a salt of copper. Dr. Caffe found the child holding in its hands and at the mouth some green-coloured cards, which the nurse would not take away for fear of making it cross. Vomiting was easily induced; and, in the matter thrown up, was found the cause of the symptoms. The infant rapidly recovered; indeed, after the third day, was so far improved that the family was enabled to continue their journey. The case is reported in the *Journal des Connaissances Medicales.* Another, in all essentials similar, has appeared in *El Heraldo Medico.*

A third case occurred under the care of Dr. Eichmann. Two children, one four years of age, the other six, always enjoying good health, were taken ill in the month of August. Their symptoms raised the suspicion that they were suffering from chronic affection of the abdomen. Neither Dr. Eichmann nor the other medical men called in to see the children could discover the nature of the malady. For some weeks the symptoms increased step by step, till the end of September, when the little invalids appeared in the following state: The most extreme prostration of strength; the face very pale; anorexia; vomiting; a disturbed state of the digestive organs; pain in the stomach; contraction of the abdominal walls; trembling of upper limbs, etc. It was at this critical time that Dr. Eichmann perceived that the children, in playing with visiting cards polished with a preparation of lead, had unfortunately introduced some pieces of the cards into their mouths. By means of the usual treatment in cases of lead colic, Dr. Eichmann succeeded in rapidly dispersing the bad symptoms; but it was a long time ere the children recovered their usual strength.

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Charcoal as a Disinfectant.—Mr. Turnbull, about nine months ago, placed the bodies of two dogs in a wooden box, on a layer of charcoal-powder of a few inches in depth, and covered them over with a quantity of the same material. Though the box was quite open, and kept in his laboratory, no effluvia was ever perceptible; and on examining the bodies of the animals at the end of six months, scarcely anything remained of them, except their bones. Mr. Turnbull sent me a portion of the charcoal-powder which had been most closely in contact with the bodies of the dogs. I submitted it for examination to one of my pupils, Mr. Turner, who found it contained comparatively little ammonia, not a trace of sulphuretted hydrogen, but very appreciable quantities of nitric and sulphuric acids, with acid phosphate of lime. Mr. Turner subsequently, about three months ago, buried two rats in about two inches of charcoal-powder, and in a few days afterwards the body of a full-grown cat was similarly treated. Though the bodies of these animals are now in a highly putrid state, not the slightest odour is perceptible in the laboratory. From this short statement of facts, the utility of charcoal-powder as a means of preventing noxious effluvia from churchyards, and from dead bodies in other situations, such as on board ship, is sufficiently evident. Covering a churchyard to the depth of two or three inches with coarsely-powdered charcoal would effectually prevent any putrid exhalations ever finding their way into the atmosphere. Charcoal-powder also greatly favours the rapid decomposition of the dead bodies with which it is in contact, so that in the course of six or eight months little is left except the bones.—Dr. Stenhouse, *in Pharmaceutical Journal.*

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CLINICS.

Statistical Report of the Principal Operations performed in the London Hospitals during July, 1854 :—

Lithotomy.—The case (*Case* 2) left under treatment by last month's Report has recovered.

Number of cases, 6; recovered, 4; under treatment, 1; died, 1.

Case 1. A man, aged 20, in good general health, under the care of Mr. Poland, in Guy's Hospital. Three calculi were removed, two small ones and one of moderate size. The lesser ones appeared to have been encysted in the prostate, and the large one was pedunculated, as if it had been attached to an encysted one. The man made a good recovery. *Case* 2. A boy, aged 5, in good health, under the care of Mr. Shaw, in the Middlesex Hospital; recovered. *Case* 3. A boy, in fair health, aged 4, under the care of Mr. De Morgan, in the Middlesex Hospital; recovered. *Case* 4. A man, aged 51, in good health, under the care of Mr. Hillman, in the Westminster Hospital. The stone proved of large size, and was so soft that it broke down in the grasp of the forceps. It was partially adherent to the bladder. The extraction was accomplished in part by the forceps, and in part by the scoop. The patient is doing well. *Case* 5. A boy, aged 14, in poor health, under the care of Mr. Simon, in St. Thomas's Hospital. He had suffered from symptoms of calculus ever since the age of two years, and, on account of them, various forms of counter-irritants had been applied over the pubic region by the surgeon, under whose care he had previously been. The operation was performed in the usual manner, and quickly, but the boy was some time in rallying from the effects of the chloroform. The wound, for the first ten days, manifested no inclination to heal, but took on a sloughy character. Strong nitric acid was applied several times, and with good results, as the wound cleaned, and the boy improved in general condition. About three weeks after the operation a relapse took place; the boy complained of intense pain across the loins, and gradually sank. Death

Published monthly by BLANCHARD & LEA, Philadelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage to the subscriber.*

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took place thirty-one days after the operation. The autopsy showed several abscesses in the left kidney, the calyx of which was also much dilated. The calyx of the right kidney, and the right ureter, through its whole length, were much dilated, and lined in every part by a stratum of calcareous matter. No other visceral disease was discovered. *Case* 6. A boy, aged 22 months, in fair health, under the care of Mr. Smith, in St. Mary's Hospital. A small stone, consisting of lithic acid, was removed, and the child has recovered well.

Lithotrity.—Mr. Curling's case in the London Hospital continues under care. The following has been operated on during the month. A man, aged 56, in good health, in whom the existence of several small calculi had been ascertained from previous examinations. The lithotrite was effectively used, and some of the stones crushed. During the next few days fragments passed by the urethra, and, at the end of a week, an attempt was made to repeat the operation. The surgeon, however, found the introduction of the instrument hindered by a fragment of stone which had become impacted in the urethra, and was, consequently, obliged to desist. The man subsequently sank into the condition characteristic of pyæmia, and death took place on the tenth day. *Autopsy.*—The coats of the bladder were somewhat thickened, and there were some appearances of inflammation in its mucous membrane. In its interior were found four unbroken calculi, about the size of nuts, and also a considerable quantity of fragments. The left kidney was enlarged; its cortical part contained several abscesses, and in its pelvis a small calculus was lodged. The left lower extremity was œdematous, and on slitting up its femoral vein a large plug of adherent lymph was found. There were no appearances of any injury to the bladder having been inflicted by the instrument.

Lithectasy in the Female.—The cases mentioned last month have already been concluded by detailed reports. (See *Medical Times and Gazette*, for July 29, Mr. Fergusson's Clinical Lecture, and "Hospital Reports.") During the past month the following have been operated on: *Case* 1. A woman, aged 27, was admitted, under the care of Mr. Prescott Hewett, into St. George's Hospital, having impacted in her vagina the cork and broken neck of a glass bottle. From the account given, it had occupied its position for eleven years. The glass had cut its way through into the bladder, and was thickly coated by phosphatic deposit from the urine. Mr. Hewett extracted the foreign body, and also removed an enormous quantity of calcareous matter from the mucous lining of the bladder. The vesico-vaginal fistula remains for future treatment. *Case* 2. A girl, aged 9, in fair health, under the care of Mr. Henry Thompson, in the Marylebone Infirmary. She had for about three months suffered from the symptoms of stone. Dilatation of the urethra by means of sponge tents was practised on two consecutive days until it would admit an ordinary-sized lithotrite; Mr. Thompson then crushed the stone. All the fragments came away within twenty-four hours, and the symptoms ceased. The patient was discharged in every respect well ten days after the operation. The calculus was composed of lithic acid and lithate of ammonia. As far as might be estimated, it had been of oval shape, and about five-eighths of an inch long. *Case* 3. A girl, aged 5, in good health, under the care of Mr. Hillman, in the Westminster Hospital. The calculus was large, and an incision of the urethra was required for its extraction. The case remains under care.

Herniotomy.—In Mr. Curling's case (No. 1), of last month's report, the artificial anus has so nearly closed, that the woman can wear a common truss without inconvenience, and may be regarded as convalescent. In cases 9 and 10, which were left under care, the patients have recovered.

Number of cases, 6; recovered, 3; died, 3.

Case 1. A man, aged 72, in very feeble health; hernia oblique inguinal, strangulated twenty-six hours; sac not opened; death apparently from exhaustion. *Case* 2. A woman, aged 34, under the care of Mr. Poland, in Guy's Hospital. Hernia femoral; sac not opened. The case was complicated with pregnancy in the third month, and, after the operation, abortion was threatened. Some peritonitis ensued, but ultimately the woman made a good recovery. *Case* 3. A man, aged 50, hernia inguinal; strangulated ten hours. Reduction *en masse* had been effected by the patient himself, before admission, but the symptoms continuing, the operation was performed. Death from peritonitis followed on the third day. *Case* 4. A man, aged 48, hernia inguinal, extremely tense; the size of a large orange; strangulation 24 hours. The scrotum was very small, neither testicle having descended much beyond the external ring, the hernial tumour lay over Poupart's ligament. The sac having been opened, a small hole (gangrenous?) was found in the gut, from which feces escaped. The stricture was freely divided by section of the internal ring, and the bowel was then left *in situ*. Symptoms of strangulation persisted afterwards, and death took place on the third day. The *post mortem* did not afford explanation of the cause of death, as the bowel appeared to be free from stricture in every part. *Case* 5. A woman, aged 44, in St. Bartholomew's Hospital, under the care of Mr. Stanley. Hernia femoral; strangulated thirteen hours. The sac was reached by a small incision over its neck, and the division of the parts external to it having failed to make reduction practicable, it was itself opened. Recovered. *Case* 6. A woman, aged 45, in St. Bartholomew's Hospital, under the care of Mr. Lawrence; hernia inguinal; strangulated sixty hours; the sac was opened, and the gut was found adherent to it, as if it had been long incarcerated. No bad symptoms followed the operation, and the patient is now convalescent.

Trephining of the Skull.—Case 1. A man of middle age, admitted under Mr. Quain's care in University College Hospital, on account of a compound, comminuted fracture of the frontal bone, the result of a kick from a horse. On admission, immediately after the accident, he was partially sensible, but the symptoms rapidly became increased; a severe convulsion occurred, after which, the indications of compression of the brain were well marked. The trephine was then used, and it was found needful to remove several portions of detached bone of considerable size. The dura mater was torn, and the brain substance itself injured. The symptoms were relieved immediately by the operation, and all signs of compression ceased. The after-treatment consisted in bleeding, and the application of ice to the scalp. The man is yet under care, but is doing fairly. *Case* 2. A man, aged 27, admitted, under the care of Mr. Erichsen, into University College Hospital, two days after the receipt of an injury to his head. He had applied soon after the accident, but being very drunk, and not appearing to ail anything material, had been sent home. From a state of drunkenness he had, after walking home, passed into one of partial insensibility, on account of which a surgeon had attended him, and employed venesection, purgatives, etc. On admission he was half-comatose, the breathing heavy, but not actually stertorous, and the pupils large, but acting a little when stimulated by light. There was no paralysis of the limbs, and the arms were frequently tossed about. Mr. Erichsen having detected a fracture and depression of the left parietal bone, made an incision over it, and applied the trephine. Between the dura mater and the bone, a clot of blood was found, and was at once removed. The dura mater itself was not torn. Within two or three hours after the operation, the symptoms were much relieved, and the man's condition has since steadily improved. The treatment has been by venesection, calomel, and cold to the scalp. The man's intellects still (three weeks after operation) appear to be weak. *Case* 3. A young man, admitted under Mr. Erichsen's care, into University College Hospital, having received an injury to his head from a falling brick. There were no symptoms of compression present; but, as there was found to be a fracture of the right parietal bone, with depression at an acute angle, it was judged best to employ the trephine. The dura mater was not lacerated, but there was slight splintering of the inner table of the skull. The depressed portion was raised into its proper position, and the man afterwards did well. He has been discharged. *Case* 4. A man, aged 42, admitted into St. Bartholomew's Hospital, on account of an injury to the head, which had caused exposure of bone. The sore took on sloughing, and there were developed the symptoms of compression, as if from suppuration upon the dura mater. Trephining was practised, and a small quantity of pus evacuated, but no relief followed, and the man died shortly afterwards. *Case* 5. A woman, aged 23, admitted into the Middlesex Hospital, under the care of Mr. De Morgan, having sustained a compound fracture of the skull. No urgent symptoms were present until the fourth day, when she became hemiplegic. Trephining was then adopted, and with some relief, but death from meningitis resulted on the seventh day.

Ligature of Arteries.—Case 1. A man, aged 30, admitted into King's College Hospital, having wounded his ulnar artery by a fragment of glass. Mr. Edwards, the House Surgeon, immediately tied both ends of the injured vessel, and the case did well. *Case* 2. A man of middle age, admitted into King's College Hospital after an injury to his radial artery from a piece of glass. He was much exhausted by hemorrhage. Mr. Edwards tied both ends of the vessel. The man, shortly afterwards, took cholera in the ward, and died after a short illness. *Case* 3. A man of middle age, admitted into the London Hospital, after a wound of the ulnar artery. Mr. Poulden, the House Surgeon in charge of the case, put ligatures on both ends of the wounded vessel. The patient is doing well.

Compression Treatment of Aneurism.—Mr. Cock's case in Guy's, and Mr. De Morgan's in the Middlesex, both remain under treatment. The following case has been successfully treated by Mr. Fergusson in King's College Hospital. A woman, aged 24, admitted on account of an aneurism, situated a little above the left popliteal space, and about the size of half an orange. Compression of the femoral was practised by means of one of Dr. Carte's tourniquets, but it could not be borne unremittingly. On the twentieth day, pulsation ceased, and the tumour, much decreased in size, had become hard. The patient has since been discharged.

Amputations.—In *Cases* No. 9 of last report, the patient has since died of fever, complicated with peritonitis. The other cases left under care have, with a few exceptions yet under treatment, resulted in recoveries. Number of cases, 15; recovered, 4; under treatment, 9; died, 2.

Of the Thigh.—Case 1. A woman, aged 32, in fair health, under the care of Mr. Fergusson, in King's College Hospital, on account of old-standing diseases of the knee-joint, with membranous anchylosis. Amputation through the condyles of the femur was performed, the posterior flap being chiefly made from the calf of the leg. *Case* 2. A woman, aged 32, in good health, under the care of Mr. Hawkins, in St. George's Hospital. The operation consisted of the resection of an old stump, and was performed on account of its resisting all endeavours to induce cicatrization, a sore being still present, and constantly oozing blood. The patient remains under care. *Case* 3. A very intemperate man, on whom secondary amputation, on account of gangrene after compound fracture was performed. Death took place on the day following the operation. At the *post mortem* extensive fatty degeneration of the heart, liver, and kidneys, was found to exist. *Case* 4. A woman, aged 38, under care on account of an intractable and very painful ulcer on the leg, which had exposed the bone. It had existed for two years; and although, during that period, more than once healed, yet would always break out again on walking. Amputation through the lower third of the thigh was performed, and she has since done well. *Case* 5. A woman, aged 53, under the care of Mr. Lane, in St. Mary's Hospital, on account of chronic disease of the knee-joint, attended by a large collection of pus around it. Is doing well. *Case* 6. A cabman, of intemperate habits, aged 54, admitted on account of a severe compound fracture of the leg. An attempt was made to save the limb; but sloughing ensued, and amputation had to be performed at the end of a fortnight. After the operation, the stump was attacked by sloughing; and, in spite of the freest exhibition of stimulants, the patient sank. *Case* 7. A man, aged 26, under the care of Mr. South, in St. Thomas's Hospital. He had been under care for some months previously, on account of diffuse cellular inflammation of the leg following necrosis of the tibia, and involving the knee-joint. Severe hectic at length ensued, and it became necessary to amputate. After the operation he recovered very rapidly, and the stump was healed in about three weeks. *Case* 8 A man, aged 47, under the care of Mr. Hilton, in Guy's Hospital, on account of disease of the knee-joint. He had been treated by Mr. Hilton for the same affection two years previously, and with much relief; but a relapse had subsequently occurred, and his general health had given way. After the removal the joint was examined, and found to be quite destroyed by ulceration. The patient is doing well. Of the *leg.—Case* 9. A man, aged 32, admitted under the care of Mr. Solly, in St. Thomas's Hospital, on account of a compound and comminuted fracture of the tibia and fibula. Primary amputation in the upper third of the leg was performed. The man has since had traumatic delirium, but is now progressing favourably. *Case* 10. A man, aged 20, under the care of Mr. Stanley, in St Bartholomew's Hospital, on account of compound fracture of the fibula, extending into the ankle-joint. Six weeks after the accident he was evidently sinking under the suppuration which ensued, and amputation had to be resorted to. Recovered. *Case* 11. A man, aged 37, under the care of Mr. Stanley, in St. Bartholomew's Hospital, on account of diseased ankle-joint. This patient is the subject of phthisis in an advanced stage; but, as he appeared to be rapidly sinking under the effects of the suppuration from the diseased joint, it was judged best to amputate. Under treatment. Of the *foot.*—*Case* 12. A man, aged 40, under the care of Mr. Cutler, in St. George's Hospital, of weak health, but with no distinct ailment. Chopart's amputation was performed, on account of caries of the tarsus and metatarsus. Under treatment. Of the *upper extremity.*—*Case* 13. A man, of middle age, under the care of Mr. Coulson, in St. Mary's Hospital, on account of distorted forearm, from contraction of the flexor tendons. Amputation through the forearm was performed; some sloughing of the wound followed, but the stump is now healing. Charcoal poultices appeared to be of great use in the treatment of the gangrene. *Case* 14. A man, aged 58, under the care of Mr. Henry, in the Middlesex Hospital, on account of compound fracture of the olecranon. Amputation was performed on account of the destruction of the elbow joint which followed. The man was in an extremely exhausted condition at the time of the operation, but has made a rapid recovery. *Case* 15. A man in good health, aged 22, under the care of Mr. Adams, in the London Hospital, on account of crushed hand. Amputation through the forearm was performed. Recovered.

Excision of Bones and Joints.—In *Case* No. 2, reported last month (excision of the elbow-joint), death has resulted from pneumonia. The other cases on our list are progressing favourably.

During the month there have been performed the following: *Case* 1. By Mr. Fergusson, in King's College Hospital, excision of the knee-joint of a boy, aged 8 years, on account of chronic disease. The case remains under treatment, and is doing well. *Case* 2. By Mr. Coulson, in St. Mary's Hospital, partial excision of the os calcis, in an old woman, on account of carious disease. The wound has since been affected with sloughing, but is now improving. *Case* 3. By Mr. Ure, in St. Mary's Hospital, partial excision of the os calcis, in a young girl, on account of carious disease. Doing well. *Case* 4. By Mr. Cutler, in St. George's Hospital, a third removal of dead bone from the os calcis of a man, aged 40, who had long been under treatment. The greater part of the bone has now been excised. The case remains under care.

Excision of Malignant Growths.—Most of the cases left under care by previous reports have recovered, and those remaining under treatment are doing well. During the month there have been performed: *Case* 1. By Mr. Hawkins, in St. George's Hospital, removal of the lower lip on account of epithelial cancer; the disease had existed seven years; the patient being a man, aged 35. Recovered. *Case* 2. By Mr. Partridge, in King's College Hospital, excision of the right testis, on account of medullary cancer. The disease had existed for a year, and was complicated by a large hydrocele. There was no perceptible enlargement of the cord, or disease of the lymphatics. Erysipelas attacked the wound, and the patient died from it on the eighth day. At the *post mortem*, a large cancerous mass was found developed from the right lumbar glands. The patient was a man aged 40, who had none of the usual indications of the malignant cachexia. *Case* 3. By Mr. Stanley, in St. Bartholomew's Hospital, excision of the breast, on account of scirrhus, from a woman, aged 42; the disease had existed a year. Recovered.

Excision of Non-Malignant Tumours.—The cases mentioned last month have all recovered. During the month there have been performed: *Case* 1. By Mr. Cock, in Guy's Hospital, removal of a small congenital tumour from beneath the eyebrow of a boy aged 5 years. The tumour proved to be of the sebaceous kind, and did not contain hair. It was situated beneath the orbicularis muscle. *Case* 2. By Mr. Cock, in Guy's Hospital, removal of a small tumour from the border of the axilla of a woman aged 41. In this case the operation was performed merely for the purpose of diagnosis. The woman was affected with an enlargement of the lower half of the scapula, about the nature of which there was some doubt. It had been gradually increasing for several months, and presented some features of malignancy. A small lump, quite separate from the original one, having formed between the skin and the scapular attachment of the teres major, it was thought well to excise and examine it before attempting any more formidable operation. This tumour, which was carefully inspected with the microscope, did not exhibit evidences of more than simply fibrous structure, and as the larger mass did not, while the patient remained under observation, show any tendency to increase, but rather got less, it was decided to defer for the present the contemplated operation for its removal. *Case* 3. By Mr. Simon, in St. Thomas's Hospital, excision of a fibro-cellular growth developed in the substance of the deltoid of a man aged 30. On section, the tumour showed evidences in several parts of having possessed a vascular structure. Recovered. *Case* 4. By Mr. Simon, in St. Thomas's Hospital, removal of a tumour from the back of the neck of a woman aged 50. The growth appeared to be warty or papillary hypertrophy of the integument, but it was in parts very vascular. Recovered. *Case* 5. By Mr. Johnson, in St. George's Hospital, excision of the breast of a woman aged 40, on account of a sero-cystic tumour. Under treatment. *Case* 6. By Mr. Henry, in the Middlesex Hospital, excision of a neuroma from the median nerve. *Case* 7. By Mr. Tatum, in St. George's, excision of an encysted tumour from the nape of the neck.

Tracheotomy.—Case 1. A man, aged 32, was admitted into the London Hospital, suffering from extreme dyspnœa, the consequence of acute laryngitis. He was immediately ordered to bed, but while being carried up stairs the difficulty of breathing so much increased that suffocation appeared to be imminent. Under these circumstances, the immediate performance of tracheotomy became necessary, and was accordingly performed by Mr. Greenwood, the House-Surgeon on duty. After the opening had been made, stimulants were administered until the man was sufficiently recovered to allow of being removed to bed. He has since done well. Under treatment. *Case* 2. A man, aged 22, a patient in King's College Hospital, suffering from dyspnœa in consequence of œdema of the glottis. During an urgent attack of suffocative dyspnœa, Mr. Edwards, the House-Surgeon, performed the operation of tracheotomy. Complete relief ensued on the procedure, and at the end of twenty-four hours the patient was sufficiently recovered to allow of the removal of the tube, and the wound has since closed. Recovered.

Puncture of the Bladder.—Mr. Simon's case remains under care, as a permanent fistula has been successfully established above the pubes, and as all risk connected with the operation is passed over we may omit it from our list. During the month the following have been performed: *Case* 1. A man, aged 40, was admitted into Guy's Hospital, under the care of Mr. Cock, on account of retention of urine. It appeared that he had repeatedly had gonorrhœa, and that for a year past he had suffered from the symptoms of an increasing stricture. No instrumental treatment had ever before been adopted. The bladder was greatly distended, and he was in a condition of much distress. After some difficulty, Mr. Cock succeeded in introducing a very small catheter (less than No. 1), and drew off the urine. On the day following retention had again persisted, and was relieved by the same means. On the third day, the same condition of things was still present, and Mr. Cock determined on the performance of puncture of the bladder by the rectum. The reasons which induced that determination, Mr. Cock explained to be, that he feared the risks attendant on the repeated introduction of so small an instrument; that the stricture showed no tendency to yield, but, on the contrary, the difficulties of catheterism had been increased on each occasion; and, lastly, that he esteemed the danger of the operation to be very slight, while it would place the urethra under the most favourable possible circumstances for a speedy recovery of its patency. The result quite answered these expectations. The operation was performed on the 5th, and the instrument left in the bowel until the 9th, when the man accidentally allowed it to slip out. After it was removed, a *flexible* catheter (No. 1) was easily passed through the urethra, and, a day or two later, was exchanged for a larger one. On the 19th, the man was discharged, a flexible catheter being then readily introduced, and the proneness to retention having quite ceased. *Case* 2. A man, aged 39, under the care of Mr. Hilton, in Guy's Hospital, on account of retention of urine. He had suffered for several days, and it was found impracticable to pass a catheter through the stricture. His condition having become urgent, and the signs of uræmia, tendency to coma, etc., beginning to show themselves, it was decided to puncture the bladder by the rectum. The instrument is still left in, but the patient is doing very well.

Operations for Urethral Stricture.—Mr. Solly's case, mentioned last month, remains under care, and is doing well. The following has occurred during the month: A man, aged 45, of cachectic state, and who had for many years suffered from an impermeable stricture, entered an hospital on account of extravasation of urine into the perineum, etc. The operator passed a staff through the urethra, and out at a fistula communicating with the membranous portion. The instrument was then cut down upon, the stricture divided, and an enormous abscess opened, by which latter the urethra had been dissected for a considerable length. For the first day or two the man did well, but secondary hemorrhage occurred, and he sank, and died from exhaustion a few days afterwards. Sloughing had taken place around the wound.

Ligature, etc., of Nævus.—Mr. Lawrence's case of aneurism by anastomosis, remains under care. During the month there have been performed: *Case* 1. In Guy's Hospital, by Mr. Cock, the injection of a large nævus on the cheek of a child, with the perchloride of iron. The nævus had previously been treated by ligature and compression, with but partial success. Mr. Cock injected the solution in four places, and it has had the effect of inducing solidification and considerable decrease in size; but, as the vascularity is not destroyed in all parts, a repetition of the procedure will probably be requisite. *Case* 2. In St. George's Hospital, by Mr. Cutler, a case of aneurism by anastomosis, situated on the external ear, has been treated by the application of the galvanic cautery. The case remains under care. *Case* 3. In St. Mary's Hospital, by Mr. Lane, a large nævus, involving the lip of an infant, aged fourteen months, has been successfully treated by means of the ligature. The slough separated on the fourth day. Several other cases of nævus, not possessed of interesting peculiarities, have been successfully treated by ligature, or by the application of escharotics.

Plastic Operations.—Several of the cases previously mentioned remain under care. During the month the following have been performed: *Case* 1. By Mr. Fergusson, in King's College Hospital, the operation of cleft palate in a girl aged 19. Perfect union resulted. *Case* 2. In St. George's Hospital, by Mr. Pollock, in the case of a girl, aged 12, suffering from harelip and cleft-palate, attended by considerable separation of the upper maxillæ and irregularity of the teeth. Mr. Pollock has operated with success on the harelip, and an instrument has been contrived to press the teeth into position, it being intended, at some future time, to operate on the cleft palate also.

Operations for Ununited Fracture.—Mr. Lawrence's case continues under care.—*Med. Times and Gaz.* Aug. 19, 1854.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Testimonials of Gratitude from the Citizens of Savannah to her Medical Men, for their Services during the Epidemic of this Year.—A very large meeting of the citizens of Savannah was held at the Exchange in that city, on the 14th of October, the Mayor, John E. Ward, Esq., presiding.

Drs. Redwood and Hamilton, of Mobile, and Dr. Cross, of New Orleans, were, by resolution, invited to be present, and on their appearance the Mayor, in a most eloquent address, expressed to them the deep gratitude of the citizens of Savannah for the noble and heroic service rendered by them, during the late epidemic, and presented to each of them, in the name of the city, a service of plate, as some small token of the kind feeling of the people of the city toward them.

On motion of Dr. Screven, the following resolutions were unanimously adopted:—

Resolved, That the warmest acknowledgments of thankfulness are due, and are hereby tendered by the citizens of Savannah, in town meeting assembled, to the resident physicians of this city, who, undismayed by the peril of their valuable lives, have faithfully discharged their arduous and dangerous duties; to those transient physicians, who, with self sacrificing devotion, volunteered and gave their services to the sick, and to all corporate bodies, charitable associations, and other associations, and individuals who have manifested their sympathy in our afflictions by contributing in any manner to the relief of the sufferers by the epidemic with which this city has been visited.

Resolved, That the thanks of every citizen are due to the clergy of our city, who have, without an exception, been true to their holy calling, ministering at all times to the wants of the sick, and comforting the afflicted.

Resolved, That the citizens of Savannah will erect a suitable monument commemorative of those gallant and ever to be lamented physicians who have fallen in our midst in the faithful discharge of their perilous duties.

On motion, it was resolved that a committee be appointed by the chairman, consisting of such number as he may deem advisable, to carry into effect the last resolution.

We regret that we have not space for the eloquent addresses made on the occasion by his Honor the Mayor, and by Dr. Screven.

The citizens of Savannah, in paying this tribute to their medical men, have equally honoured themselves; demonstrating, as this act does, that they are animated by noble, lofty, and just sentiments. Furthermore, it establishes a claim on the medical profession, which that profession will not dishonour.

Philadelphia Hospital, Blockley.—This extensive Hospital has, we are happy to announce, been opened by the managers for the purpose of clinical instruction.

Clinical lectures will be delivered in this institution on Wednesday and Saturday, from 10 to 12 o'clock, commencing October 11, 1854.

On Clinical Surgery, by A. B. Campbell, M. D., Henry H. Smith, M. D., and D. Hayes Agnew, M. D. On Clinical Medicine, by A. B. Campbell, M. D., J. L. Ludlow, M. D., and Dr. Casper Morris.

Tickets may be had at the office of the Guardians of the Poor, No. 36 North Seventh Street.

Prize Essay.—The Medical Society of Virginia offer "a medal or some suitable testimonial not to exceed fifty dollars in value," for the best essay on *Pneumonia*, presented to them before the 1st of March, 1855. Communications may be addressed to Dr. D. H. Tucker, of Richmond, Dr. J. S. Davis, of the University of Virginia, or J. J. Thweatt, of Petersburg, the committee, and must be in the usual form.

Wills Hospital.—Dr. ISAAC HAYS, who has been one of the Surgeons of this Hospital ever since it was first opened, now more than twenty years, has resigned; and Dr. ADINELL HEWSON has, we are pleased to announce, been elected in his place.

YELLOW FEVER.—This disease is still prevailing in many of the southern towns. It has recently broken out at Darien and St. Mary's, Geo., at Montgomery, Ala., &c.

At *Savannah* the fever is abating, but cases still occur. The total number of deaths from August 23 to October 17, a period of nine weeks, was 916. Yellow fever, 578. The progress of the disease may thus be seen:—

	Interments.	Yellow Fever.
Week ending Aug. 23,	67	42
" " " 29,	92	60
" " Sept. 5,	123	74
" " " 12,	210	129
" " " 19,	189	131
" " " 26,	121	85
" " Oct. 3,	55	27
" " " 10,	33	12
" " " 17,	29	18
Total for nine weeks,	919	578

Charleston.—The deaths during the week ending 21st Oct. were 46, of which 31 were from yellow fever. On the 25th of Oct. there were 7 deaths from yellow fever.

The late Professor Chapman.—The No. of the *American Journal of the Medical Sciences* for January next will contain a biography of this eminent physician, accompanied with an admirable portrait.

New Work on Yellow Fever.—We are happy to announce that Messrs. Blanchard & Lea have in press a work on yellow fever, by Dr. R. LA ROCHE, of this city. Dr. La Roche has devoted more than twenty years to the investigation of this subject, and his work cannot but be a valuable contribution to our professional literature.

Obituary Record.—Died, in New York, on the 18th of September, after a lingering illness of Bright's Disease, in the 46th year of his age, John A. Swett, M. D., Professor of the Institutes and Practice of Medicine in the University Medical School, and one of the Physicians of the New York Hospital.

Died, in New Orleans, on the 20th of September, of Yellow Fever, Valentine Mott, Jr., son of Prof. Mott, of New York, in the 33d year of his age.

FOREIGN INTELLIGENCE.

Death from Chloroform.—Another of these unfortunate casualties occurred on the 11th of Oct., at University College Hospital, in the service of Mr. Erichsen. The patient was a man of middle age and rather bloated aspect, who had been admitted on the same day about 3 P. M., suffering from retention of urine. The bladder was distended, and rose almost to the umbilicus, the symptoms having existed for three days. The man was beginning to be stupid and heavy, and had some slight symptoms of uræmic poisoning. Mr. Erichsen having failed in his first trial of catheterism, determined to make another attempt under the influence of chloroform, and, if not then successful, to puncture the bladder by the rectum. At 4 o'clock, therefore, chloroform was administered, Mr. Carnell, in the absence of Mr. Hillier, having charge of the inhalation. Insensibility having been produced after from four to five minutes, Mr. Erichsen commenced the use of the catheter. The chloroform had now been removed, but the patient making some expressions of pain, it was again applied. Probably about two minutes of the second inhalation had elapsed, when the man became profoundly insensible, and began to snore with a peculiar and very loud stertor. His face at this time was suffused and flushed, and the inspirations were drawn at rather prolonged intervals. Mr. Erichsen's attention was at once excited by these symptoms, and, desisting from the use of the catheter, he immediately commenced dashing the patient's face and chest with water. The chloroform had, of course, been removed. In the course of about a minute the noise with the breathing gradually lessened, and it became apparent that respiration was ceasing altogether. Mr. Erichsen now put his finger into the patient's pharynx, and dragged forwards the root of the tongue; at the same time attempting artificial inflation of the lungs by applying his own mouth to that of the man. The latter plan did not appear to succeed well, and was almost immediately substituted by the more usual mode of artificial respiration, by compression of the chest, which was kept up most vigorously. The man's pulse had been felt by the administrator to be still beating some little time after the commencement of the alarming symptoms and the cessation of respiration. Artificial respiration had been employed for about four minutes, when the man, whose countenance had meanwhile retained its colour and an expression of yet remaining life, began to breathe again. A very short intermission of artificial assistance having been made, he drew spontaneously three or four inspirations; but, as each successive one was more feeble, the artificial aid was at once recommenced. About five minutes from the commencement, the galvanic apparatus was got in readiness and applied. It produced, however, no benefit; and from this time the patient lost colour in the face, and was evidently dead. The most strenuous employment of artificial respiration was continued for about forty minutes, when it was plain that the case was hopeless.

The form of the inhaler which had been employed was the one in ordinary use at this Hospital, viz: a folded piece of lint. The administrator's hands and the patient's face had been covered during the inhalation by a towel.

From the course in which the symptoms ensued, it appeared evident that the form of death was that of coma. We shall give the results of the *post mortem* next week. Having been present at the melancholy occurrence, we may here add, that nothing could possibly have surpassed the promptitude and energy with which the means of resuscitation were adopted.—*Med. Times and Gaz.* Oct. 14, 1854.

Treatment of Acne.—The cases of acne which present themselves at the Hospital for Skin Diseases, under the care of Messrs. Startin and M'Whinnie, are usually classified under the heads of A. simplex, A. indurata, and A. rosacea. The latter, in its best marked examples, often occurs without appreciable derangement of the general health, and is extremely intractable. The long-continued use of tonics and alteratives with the local employment of a mercurial wash or ointment) often effects great improvement, but not unfrequently the disease resists all measures. When the red spots are very persistent and disfiguring, Mr. Startin occasionally has them touched with the solution of the acid nitrate of mercury, a plan by which single tubercles may be got rid of, but which does not prevent others from coming out. It is, therefore, best adapted to those cases in which the individual tubercles are very hard and persistent, fresh crops appearing only at long intervals.

Cases of the two other forms of acne almost invariably yield quickly to treatment. In both, the local measures adopted are the same; any suppurating tubercles are punctured or opened by means of a minute drop of nitric acid. The patient is directed never to wash the face with soap; to be particular to squeeze out any little black points (comedones) which become visible, and to apply every night to the tubercles a small portion of an ointment of which the chief active ingredient is the ammonio-chloride of mercury, in the proportion of ten grains to the ounce.* The constitutional treatment consists in rectifying the cachexia, on which these forms of acne almost always depend. Chalybeates, with aperients, are found the most useful. In the acne simplex, the sulphate of iron, in combination with the sulphate of magnesia and an excess of acid is usually employed; but in the acne indurata the iodide of iron is preferred. In either case the remedy must be continued for several months, but the patient may be promised, as a reward for perseverance, that not only will the eruption disappear, but that the general health will be much improved.

The rarity of the simple form of acne in married people, is an observation quite borne out by the experience of this hospital. Mr. Startin states, that he has repeatedly known the liability to eruptions of this class cease after marriage.—*Med. Times and Gaz.* Oct. 14, 1854.

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Traumaticine in Inveterate Affections of the Skin.—Dr. Eutenberg, of Berlin, has employed a solution of gutta percha in chloroform, in a case of inveterate psoriasis, and in a case of eczema—two forms of cutaneous disease against which most medicines fail. The integument is to be covered with the liquid, which forms a thin pellicle, capable of being renewed when it peels off.—*Allgemeine Medizinische Central Zeitung,* No. XCIX, from *Med. Times and Gaz.* Oct. 14, 1854.

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Ventilation of Emigrant Ships.—At the late meeting of the British Association at Liverpool, Mr. J. Cunningham read a paper upon ventilation of emigrant ships, which excited some attention among the shipowners of Liverpool. He said it was a fact acknowledged by all men practically conversant with the general condition of emigrant ships as respected ventilation, that the means usually employed were wholly inadequate for affording a constant and sufficient supply of pure air to the parts of a vessel occupied by emigrants, or for conveying away from them at the same time the vitiated air. The want of such means was painfully experienced by the emigrants, even under ordinary circumstances; but more particularly was the want felt during calms and hot weather, when scarcely a breath of pure air could be conveyed into the cabins and holds, and when the vessels were crowded with human beings, as emigrant vessels usually are, in spaces proportionally less than the law allows for the commonest lodging-houses. In rough weather, also, when the portholes were closed and the hatches battened down, the condition of the emigrants became infinitely worse, for, to the fetid atmosphere which they were compelled to breathe, were superadded consequent sickness, fevers, and other cognate evils. These consequences, frequently fatal, arising to the poor creatures from such a state of unfavourable conditions, were too well known to require particular illustration. An example or two, however, might be given of the fatal effects, which, if not directly produced, were certainly greatly aggravated by a want of the means for proper ventilation, and for disinfecting the vessels. He referred to the ship Dirigo, which lately sailed from this port for Australia with emigrants, and in which, two days after she left the port cholera broke out, and carried off forty-two passengers. In a letter published in the

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* The ung. sulph. comp. of the Pharmacopœia, page 45.

Times of the 1st of this month, an account was given of the horrible condition of the men in the Government ships now in the Black Sea, where the cholera broke out during stormy weather, when the hatches were battened down, and the portholes closed. The fetid state of the atmosphere in these ships from a want of ventilation, and the frightful mortality that ensued in consequence, were most graphically described in that letter. These cases were sufficient to illustrate the defective ventilating means employed on board, not only of merchant vessels, but even the best appointed men-of-war or Government ships. The plan of engine shown by Mr. Cunningham to the section, was calculated at 3-horse power, and was sufficient to thoroughly ventilate a ship of 1,500 tons burden, containing 600 persons, and to afford each person 3 cubic feet of pure air every minute. This supply is effected by two fans, performing 450 revolutions in a minute, thereby forcing the air down the main air-shaft to the side trunk flues, which extend along each side of the vessel. Small branch flues, to the cabins and other parts of the ship requiring ventilation are joined in the main trunk flues, each being provided with sliding or revolving ventilators to regulate the requisite amount of supply. One vessel is employed for disinfecting or for cooling the atmosphere; a tank is charged with water containing the disinfecting fluid, and the truncated cone, which is termed "a spray," is inverted with its smaller end into the fluid, its upper end spreading out, and being perforated. This vessel rotates rapidly, and the fluid, by the centrifugal force, is drawn up and thrown out in spray, through which the air must pass into the fanners, thus becoming impregnated in its passage with the disinfecting material, such as the chloride of zinc or of lime. By placing a few bucketsful of ice per diem in the tank, the water may be cooled to a low degree, and consequently the air must be reduced in temperature in like manner. This may be applied in the tropics, or when required. The cost of providing a steam-engine, boiler, and apparatus complete, including flues, etc., for a ship of 1,500 tons burden, similar to the plans exhibited, was estimated by the lecturer at between 250*l.* and 300*l.* The quantity of fuel required to keep the engine at work night and day for 100 days, would be about twenty tons. In addition to the process of ventilation, it was proposed also to adapt the engine to several other purposes, such as the loading and discharging of the vessel, lifting the anchors, pumping the ship, supplying water to the water-closets, and for cleansing the decks; and besides this it was proposed to apply the waste steam to the purposes of cooking.—*Med. Times and Gaz.* Sept. 30, 1854.

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Tincture of Benzoin for the Cure of Sore Nipples.—M. Bourdel recommends (*L'Union Méd.*, June) the application of a piece of lint dipped in the tincture of benzoin over the sore nipple, the application to be repeated until the sore is covered with a coating of benzoin. The action of sucking does not displace, he says, this covering.

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Subnitrate of Bismuth in Gonorrhœa.—Dr. Caby recommends, both in acute and chronic gonorrhœa, an injection, three times daily of water mixed with as much trisnitrate of bismuth as can be suspended. It is to be retained five minutes. It causes no pain.

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Petroleum in Phthisical Cough.—Dr. T. Thompson states (*Lancet*, Aug.) that he has found greater benefit from the use of petroleum, or Barbadoes tar, than from any other remedy.

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Tracheotomy in Croup.—M. Guersant states (*L'Union Méd*, 3 July) that, of 161 children operated on in the Hôpital des Enfans Malades, 36 were saved, or 1 in 5; and he believes that this fortunate result would have been more marked, had the operations been performed earlier in the disease than was usually the case.

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Coffein in Hemicrania. — Eulenberg speaks highly of the effect of caffein in hemicrania in doses of one grain and a half every two or three hours. He has also employed the citrate of caffein, and also the extract of coffee, with good effect.

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Treatment of Cholera by Castor-Oil.—In our preceding No., p. 157, we noticed the success claimed by Dr. Johnson for this plan of treatment. The English General Board of Health appointed a committee, consisting of Drs. Paris, Babington, Tweedie, Baly, and Mr. Ward, to examine into the results of this treatment. From their report it appears that 89 cases treated by 14 different practitioners by this method, 68 proved fatal, 15 only recovered, the remaining 6 are still under treatment. Like other boasted plans of treatment it has been shown to have small claims to confidence.

The Physician's Visiting-List, Diary, and Book of Engagements.—We are pleased to announce the publication, by Messrs. Lindsay & Blakiston, of this useful, we might almost say indispensable, work for the year 1855.

Cholera.—*London.*—Cholera is on its decline in London, as is shown by the following table of mortality for the four weeks in September and first week in October:—

For the week ending—
Sept. 9, the mortality was 2,050
" 16, " " " 1,549
" 23, " " " 1,284
" 30, " " " 754
Oct. 17, " " " 411

Dublin.—Cholera is said to be increasing in this city. The *Freeman's Journal* there, under date of the 12th September, says: "Cholera has been, for the last week, making steady advances. Creeping through the lanes and alleys, it has advanced into the streets, and the hospital returns now 'show such a rapid increase as forbids the hope of subsidence of the disease before the wonted course shall have been more or less completely run.' For the last few days, the weather has been almost unnaturally fine—warm and genial, in fact, as the month of August generally is."

France.—Total deaths from cholera in France, from the commencement of the epidemic to the 14th of September, have been 82,050. The cases in the civil Hospitals of Paris have been 4,293, of whom 3,144 died. At that date it was generally diminishing, the deaths in Paris only amounting to 20 daily.

Italy.—The cholera has happily almost disappeared from the large towns of Piedmont. In Turin there were no fresh cases, and only two deaths; at Genoa six cases and six deaths. The total number of cases at Turin has been 642, and 410 deaths; and at Genoa 4,827 cases, and 2,609 deaths. From this it will be seen that the scourge has been much more severe this year than on any former occasion.

Its progress, too, has been remarkable for capriciousness, avoiding those places which were most afflicted in other years, and *vice versâ.* At Nice and Cuneo, in Piedmont, for instance, there have been but solitary cases this time; and at Messina, where it was never known before, upwards of 13,000 persons are computed to have died of it already, and it was still raging at the rate of between 200 and 300 deaths a day up to the latest accounts. It has, we are sorry to hear, at length made its appearance at Florence.

"*Messina*, Sept. 3, 1854.—The cholera broke out here on the 22d. I can hardly describe the ravages it has been making, thousands having been carried off within that short period, although one-third of the population fled on its first appearance. In two days I lost my wife and a daughter, and my brother lost his wife and his only daughter. All the shops are closed, and the streets deserted. Until yesterday, there were only two chemists' shops opened, with scarcely any drugs. As for doctors, they are either dead or laid aside."

Barcelona, Sept. 5.—In twenty-nine days 3,826 persons had died in this city. Considering that from one-half to two-thirds of the population had fled from the pest-ridden city and its environs, this number is exceedingly large. By accounts since received, it appears that the deaths were diminishing, the disease having lost some of its virulence, not only in Barcelona but in Alicante, where it has been very bad.

Crimea.—At the last dates cholera was making awful havoc among the French and English troops. A correspondent of the *London Times* says: "The disease increased after the disembarkation, and the exposure to wind and rain on the night of the 14th, caused the deaths of many. General Tylden, of the Engineers, was struck down most suddenly. He was riding about quite well on the evening of the 21st, and by ten o'clock on the ensuing evening, was a corpse. The worst feature of the malady here is, that it does not give its premonitory warning, but men, healthy and unsuspecting, are carried off after a few hours' illness."

Obituary Record.—Died, in London, Sept. 29, of cholera, after only twenty-six hours' illness, George Leith Roupell, Senior Physician to St. Bartholomew's Hospital, one of the most eminent, accomplished, and high-minded practitioners of the English Metropolis.

THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

Statistical Report of the Principal Operations performed in the London Hospitals during August, 1854:—

Lithotomy.—The case left under treatment last month (No. 4) has recovered. Number of cases, 2; recovered, 1; died, 1.

Case 1. A boy, aged 12, in fair health, under the care of Mr. Luke, in the London Hospital. A stone, somewhat larger than a pigeon's egg, was extracted, which consisted of oxalate of lime thinly coated by a layer of phosphates, and had a very irregular exterior. The boy suffered afterwards from severe pain in the back, chiefly affecting the left loin, and attended by much constitutional disturbance. Inflammation of the kidney was feared, and the affection was combated by means of large relays of leeches over the part. The recovery was at length established, the wound having healed well, and a considerable degree of debility being all that remained at the time of discharge. *Case* 2. A man, aged 45, a drunkard; the usual lateral operation was performed, Blizard's knife being used, and the stone was quickly extracted. The man died on the third day, and at the *post mortem* there was found an incision in the coats of the bladder, opposite to where the knife had entered. The mucous membrane was the most extensively injured, and it was doubtful whether the peritoneal coat had originally been cut through, or had been torn in the removal of the parts after death. The knife which had been used being one with a blunt point, it was difficult to account for the infliction of the injury discovered, excepting by the supposition that the bladder might have been irregularly contracted at the time, and that the cutting edge of the knife had been applied, possibly during withdrawal, to the edge of a fold.

Lithotrity.—Mr. Curling's patient was discharged from the Hospital about a month ago, several operations having been performed, and the entire stone having, as far as could be determined, been removed. He has since, however, complained of some recurrence of his former symptoms, and as an enormous prostate rendered examination

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Published monthly by BLANCHARD & LEA, Philadelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage to the subscriber.*

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difficult, Mr. Curling thinks it not improbable that some small fragment may have escaped detection. The man is to be examined again shortly.*

Removal of Calculus from the Urethra.—A child, aged a year and a half, was admitted under Mr. Cock's care into Guy's Hospital, suffering from retention of urine. He was found, on examination, to be the subject of hypospadias, the urethra opening at the base of the glands. On probing, a calculus was felt impacted at a short distance from the orifice. Mr. Cock made a small incision in the under lip of the meatus, and then extracted the stone, which proved to be somewhat larger than a coffee-bean. The infant recovered well.

Lithectasy in the Female.—For the conclusion of Mr. Prescott Hewett's case (No. 1 of last month's report) we must refer to page 264 of the *Medical Times and Gazette*, for September 9. Mr. Hillman's case (No. 3) has perfectly recovered, and the girl has full power of retaining her urine.

Herniotomy.—In the case of Mr. Poland's, mentioned last month (No. 2), it was erroneously stated, "sac not opened;" it should have been "sac opened." The patient is recovered, as also the others then left under treatment.

Number of cases, 8; recovered, 5; under treatment, 1; died, 2.

Case 1. A woman, aged 62, under the care of Mr. Birkett, in Guy's Hospital; hernia femoral, strangulated twenty-seven hours; sac not opened. Death followed on the third day. The autopsy showed that the stricture had been freely divided. Death had been simply from exhaustion; there was no evidence of peritonitis, and the bowel had so far recovered itself that the strictured portion was scarcely distinguishable from the rest. Gimbernat's ligament had been incised, but the fascia propria had not been opened. A mass of adherent omentum remained in the sac. It should be stated that the woman was of extremely feeble health, and had been brought to the Hospital a distance of more than twenty miles. *Case* 2. A woman, aged 75, under the care of Mr. Hancock, in the Charing-cross Hospital; hernia femoral, of old standing, strangulated nine hours; sac opened. The tumour was as large as a fist, and, when the sac was opened, it was found to contain a large mass of omentum and a short portion of bowel. The former was returned; the latter, being adherent, was allowed to remain in place. No peritonitis followed, although there was some suppuration about the exposed omentum. The woman made a good recovery. *Case* 3. A woman, aged 30, under the care of Mr. Luke, in the London Hospital; hernia femoral, strangulated two days. The patient had been operated on on the same side by Mr. Critchett, about a year ago, when it had been found necessary to open the sac. The tumour, on the present occasion, was about the size of a pigeon's egg. Mr. Luke attempted to reduce without, but, finding it not easily practicable, opened the sac. Some peritonitis followed, but the woman ultimately recovered. *Case* 4. A woman, aged 58, under the care of Mr. Johnson, in St. George's Hospital; hernia femoral, strangulated four days; sac opened; recovered. *Case* 5. A woman, aged 50, under the care of Mr. Pollock, in St. George's Hospital; hernia femoral, strangulated three days; sac opened; recovered. *Case* 6. A woman, aged 66, under the care of Mr. M'Whinnie, in St. Bartholomew's Hospital; hernia femoral, strangulated four days; sac opened. The woman was in a much sunken condition at the time of the operation, and she died about ten hours afterwards. At the *post mortem*, the bowel was found gangrenous, but had been completely relieved from stricture. On the affected side the obturator artery was given off in a common trunk with the epigastric, and passed round the neck of the sac; it had escaped division from the circumstance, and Mr. M'Whinnie had notched the ligament by two slight incisions instead of one free one. On the opposite side, the arterial distribution was natural. A strange history was connected with this patient. It was stated that, for four days before her admission, she had, as an inmate of a workhouse, been under surgical care, on account of the symptoms of strangulated hernia; and that meanwhile no operation had ever been proposed to her. *Case* 7. A woman, aged 52, under the care of Mr. Cock, in Guy's Hospital. The tumour was about the size of a large orange, and was firmly fixed in its position, filling the groin, and being placed over the border of Poupart's ligament. Its outline was rather irregular; the overlying skin was tense and reddened, adhering closely to the tumour. The woman gave a very confused history of the affection; but it appeared certain, in the first place, that a tumour had existed in that part for several months; and, in the second, that for the last thirty-eight hours there had been present the symptoms of strangulated bowel. The general aspect and condition of the mass resembled much more nearly a growth of soft cancer from the glands on the point of ulcerating, than a hernial protrusion; but, as the symptoms of the latter had been well marked, Mr. Cock determined to operate. The skin having been cautiously divided, the sac was found immediately beneath it, and closely adherent both to it and the surrounding fascia. So fixed was the tumour by adhesions, that it was not practicable, before opening the sac, to draw it sufficiently down to admit of the femoral ring being reached. The sac having accordingly been opened, it was found to contain a large mass of adherent omentum considerably congested, and also a fold of intestine, about five inches long. The stricture having been divided, the bowel was returned, and the omentum left *in situ*. Some bleeding from about the neck of the sac persisting, Mr. Cock deemed it necessary to place a ligature on the spot in which the bleeding vessel appeared to be; it was not, however, quite effectual, and plugging with sponge had to be adopted. After the latter expedient, no hemorrhage occurred. The sponge was not removed until the following day. Excepting that there has been considerable suppuration of the exposed omentum, and also some sloughing, the progress of the case has been favourable since the operation. The patient remains under care. *Case* 8. A woman, aged 40, under the care of Mr. Poland, in Guy's Hospital. Hernia femoral; of small size, but very tense; sac not opened. Recovered without any bad symptoms.

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* Since the above was in type, the examination has been made, and no stone found. The case may be considered cured.

Trephining of the Skull.—The patient in *Case* 1, of our last month's report, has died. At the *post mortem*, the fracture was found to be very extensive, and there was much disorganization of the brain. *Case* 2 has recovered.

Case 1. A man, aged 36, was admitted into the London Hospital, under the care of Mr. Ward, on account of an injury to the head. All the symptoms of severe compression were present. The right pupil was dilated, and the left contracted. Mr. Ward trephined first over the right parietal bone, where a compound fracture with depression existed. After removing some blood from between the dura mater and the bone, and placing a ligature on a branch of the middle meningeal, which bled freely, the pupil of the opposite eye became sensible to light, but the other remained quite motionless. This induced the suspicion that the fracture had extended to the opposite side, which was confirmed by the existence of a slight puffiness over that part, and the trephine was accordingly applied there. The conjecture proved correct, for a large quantity of coagulated blood was found and removed. No fresh bleeding afterwards occurred. The respiration of the patient became much easier after the operation, but he never regained consciousness, and death followed about twenty-eight hours afterwards. At the autopsy, the line of fracture was discovered, extending from the apex of the petrous portion of the left temporal bone, over the arch of the skull, to the basilar process of the opposite side. No apparent cause of death existed in the skull, since the brain was neither compressed nor lacerated. Death had probably resulted, as in a case of very severe concussion, from inability on the part of the nervous system to rally from the shock, and resume its functions. *Case* 2. A boy, aged nearly 4 years, admitted into St. Bartholomew's Hospital, under the care of Mr. M'Whinnie, suffering from the symptoms of compression. There was a compound fracture of the skull with depression in the left temporal region. Hey's saw was employed, and the bone elevated; but the symptoms were not thereby materially relieved. The dura mater had not been torn in the accident; but as, when exposed, it bulged into the wound, and did not receive pulsations from the brain, it was thought advisable to puncture it, in search of blood extravasated beneath it. This having been done, a small quantity of coagula was removed. Much improvement followed, and the boy regained sufficient consciousness to speak, and to recognize his friends; he afterwards, however, again became insensible, and death took place on the third day. There had been paralysis of the right side, and frequent muscular twitchings of the face. At the *post mortem* a layer of pus was found effused beneath the dura mater, over all parts of the cerebral hemispheres.

The brain substance beneath the seat of injury was much softened.

Ligature of Arteries.—Case 1. A man, aged 40, applied at the Charing-cross Hospital, on account of a wound across the course of the radial artery, at the wrist. There had been much bleeding, but was none at the time; and Mr. Diamond, the House-surgeon, accordingly applied a compress, and dressed the wound. In the evening he applied again, having suffered from fresh bleeding; but, as it had a second time ceased, no further measures were adopted. On the following day, a third attack of arterial hemorrhage made it necessary to examine the wound. Ligatures were placed on both ends of the wounded radial, and the case has since done well. *Case* 2. A woman, aged 24, had received a deep wound in the middle of the forearm, and applied at the Charing-cross Hospital, on account of profuse arterial hemorrhage. Mr. Diamond at once cut down upon and tied both ends of the radial. Recovered. *Case* 3. In University College Hospital, by Mr. Statham, ligature of the anterior tibial for the relief of a condition of spurious elephantiasis of the leg. Some benefit has resulted, and there have been no ill effects from the operation.

Treatment of Aneurism by Compression.—Mr. Cock's case, previously mentioned, may now be considered cured. All trace of tumour or induration has disappeared, and the degree of pulsation remaining is not more than that natural to the popliteal trunk. Much benefit appears to have resulted from direct pressure over the sac. The man has now been walking about at his occupation for several weeks, and the tumour shows no tendency to refill.

Amputations.—Of the cases left under care by previous reports, the following have terminated fatally: *Case* 9 of the report for May. Death took place from phlebitis with pyæmia about a month after the operation. *Case* 8 of the report for June. Death from exhaustion, consequent on extensive sloughing. *Case* 6 of the report for June. Death occurred about five weeks after the operation, and when the stump was all but healed. The autopsy showed phlebitis of the profunda vein, and a single small secondary deposit in one kidney. The man had suffered from repeated rigors.

Number of cases, 22; recovered, 8; under treatment, 4; died, 10.

Of the Thigh.—Case 1. A woman, aged 40, one of the sufferers by the Croydon railway accident, admitted into Guy's Hospital, under the care of Mr. Poland. The left thigh was fractured just above the knee, and the soft parts were much torn. The hemorrhage had been severe, and there was at first great collapse. As soon as she had a little rallied, chloroform was administered, and primary amputation performed. The patient has done well since; and, within the last week, has been removed to her home. The lines of the incision in the skin were united, excepting at one spot, in the course of a week; but deposits of matter subsequently formed in the stump, and hindered healing. *Case* 2. A boy, aged 7, under the care of Mr. Luke, in the London Hospital, on account of old standing disease of the knee-joint. He was hectic and emaciated to an extreme degree. After the amputation, recovery was unusually rapid; and, within the first week, he had perceptibly gained flesh. *Case* 3. A man, aged 42, admitted after a railway accident, having sustained a compound fracture in the right knee-joint, and a simple but comminuted fracture of the left leg, just above the ankle. Primary amputation of the right thigh was performed. Death followed on the seventh day. At the autopsy a large collection of matter was found surrounding the femur, above the site of amputation, but none of the internal viscera were diseased. *Case* 4. A woman, aged 42, under Mr. Birkett's care, in Guy's Hospital, on whom three operations had previously been performed for the removal of fibroid recurrent tumours from the leg (see *Medical Times and Gazette* for May 27, page 542). The growths again appearing, it was determined to remove the limb. The patient was in tolerably good health, and the stump has since healed well; there has formed, however, an indurated mass beneath the spot where the pad of the tourniquet pressed, the nature of which is suspicious. *Case* 5. A female child, aged 11, of strumous constitution, under the care of Mr. Birkett, in Guy's Hospital, for diseased knee joint. Recovered. *Case* 6. A man, aged 46, under treatment for compound fracture of the leg. Erysipelas followed, and necessitated amputation through the thigh, which was performed four weeks after the accident. The man had previously had repeated rigors. Death took place a week after the operation. No autopsy. *Case*

7. A man, aged 52, of intemperate habits. The injury was a compound and comminuted fracture of the lower part of the femur, and much blood had been lost. Primary amputation was performed. The man sank into collapse after the operation, and died in about fifty hours. *Case* 8. A man, aged 22, of feeble health, under the care of Mr. Poland, in Guy's Hospital, on account of a large growth of osteo-chondroma from the lower part of the thigh. Amputation through the upper third was performed, and the man recovered well. *Case* 9. A brewer's man, aged 50, admitted on account of compound fracture of the leg. An attempt was made to save the limb, but gangrene followed, and amputation became necessary. The man sank, and died apparently from the shock of the operation. *Case* 10. A man, aged 19, in Guy's Hospital, under the care of Mr. Birkett, on account of strumous disease of the knee-joint. Abscess had opened in several directions, and his cachexia was extreme. He made a very good recovery. *Of the Leg.—Case* 11. A boy, in good health, admitted under the care of Mr. Hillman, into the Westminster Hospital, on account of compound fracture. Primary amputation by the double flap method was performed, and the lad has made a good recovery. *Case* 12. A man, aged 38, in cachectic state, much reduced by diarrhœa and abscesses in different parts of the body. Amputation was performed on account of disorganization of the ankle-joint. Death from pyæmia followed on the seventh day. *Case* 13. A young woman, aged 19, in very feeble health, suffering from partial necrosis of the tibia, with extensive destruction of the soft parts. Amputation just below the knee was performed. Death from collapse occurred on the following day. There had been very little blood lost during the operation, and none afterwards. Chloroform had been administered. At the autopsy, the liver was found fatty, and the spleen large, and almost diffluent. *Case* 14. A man, aged 33, very feeble, and exhausted by long suppuration. He had been in hospital for a long period, suffering from phlegmonous erysipelas, in the course of which his ankle-joint had been attacked and disorganized. He had had abscesses in several parts, and large bed-sores. The erysipelas had quite subsided, and the ulcers mostly healed, and, as the discharge from the ankle seemed to be what mainly retarded his recovery, it was determined to amputate. After the operation, he appeared to do well, until about the tenth day, when a rigor occurred, which was repeated frequently afterwards. In the intervals of the rigors there were profuse perspirations. No autopsy. *Case* 15. A man, aged 60, under care on account of large sloughing ulcers of the leg consequent on injury. He was in an almost hopeless condition of exhaustion at the time of the operation, and died a few days afterwards. *Case* 16. A man, aged 54, admitted with compound comminuted fractures of both legs. The right leg was quite crushed, and there had been profuse bleeding; the left was not so much injured. Primary amputation of the right, below the knee, was performed. The man sank, and died of exhaustion on the fourth day. *Of the Foot.—Case* 17. A child, aged 5, under the care of Mr. Athol Johnson, in the Hospital for Sick Children, on account of diseased os calcis and tarsus, the ankle-joint being sound. Syme's operation was performed. No sloughing followed, and the parts united to a considerable extent by first intention. The child was able to be about the garden three weeks after the operation, and the parts have since become perfectly sound. *Case* 18. A man, aged 28, in St. Mary's Hospital, under the care of Mr. Ure, on account of diseased tarsus. Syme's amputation was performed. The greater portion of the flap was lost by sloughing, but a very tolerable stump is promised. *Of the Upper Extremity.—Case* 19. A man, aged 60, under the care of Mr. M'Whinnie, in St. Bartholomew's Hospital, on account of a large cancerous ulcer on the back of the left hand. The disease had existed for eighteen months, and had involved a large extent. The man, however, was in fair health, and the lymphatics were not affected. An interesting fact connected with the history of the case was, that the man had been used to frequently sweep chimneys by machinery, in doing which his hands were necessarily much exposed to soot. Mr. M'Whinnie amputated through the forearm, and the man has made a good recovery. *Case* 20. A man, aged 30, under the care of Mr. M'Murdo, in St. Thomas's Hospital, on account of diseased carpus. He was much enfeebled by the long standing disease. Some exploratory incisions were first made, but it being evident that the condition of the bones was hopeless, as

regards recovery, amputation through the forearm was performed; slight erysipelas followed, but it soon subsided, and the man has made a good recovery. *Case* 21. A man, aged about 50, under the care of Mr. Walton, in St. Mary's Hospital, with a compound fracture of the olecranon. The whole arm became involved in phlegmonous inflammation, and a secondary amputation through the upper arm had to be performed in the third week. The stump has since all but healed, but the man has suffered from severe rigors, and is in a very doubtful condition. He had been extremely intemperate. *Case* 22. A healthy man, aged 35, admitted under the care of Mr. Birkett, into Guy's Hospital, having had his wrist joint crushed by the wheel of a loaded cart passing over it. Primary amputation through the forearm was performed. Symptoms of pyæmia set in on the 13th day, and death followed on the 26th. At the autopsy, phlebitis was found, and also inflammation of the pleura, and purulent deposits in the lungs and liver.

Excision of Bones and Joints.—Mr. Fergusson's excision of the knee joint, mentioned last month, is doing well, and the line of incision is all but healed. In Mr. Paget's case of excision of the elbow-joint, the patient is about to leave the Hospital. Considerable thickening still remains, and one or two small and superficial sores; there is, however, excellent motion, and the case promises a most successful result. Mr. Erichsen's last case of excision of the head of the femur is doing well. In the preceding one, the patient was discharged from the Hospital to go to Margate, and has since died at the latter place. The other cases of this class remain under treatment.

During the month, the following have been performed: *Case* 1. A boy, aged 7, under the care of Mr. Fergusson, in King's College Hospital, on account of old-standing diseases of the knee-joint. He was hectic and extremely emaciated. Excision of the entire joint, with removal of the patella, was practised. The boy suffered extreme constitutional disturbance after the operation, and sank, in spite of the very free use of stimulants. Death took place on the fifth day. During the last day there had been very frequent vomiting. The parts about the knee were not swollen, and the edges of the flaps lay in apposition, covered by grayish lymph, without any attempt at union. At the *post mortem*, the bones were found in exact apposition. No evidences of phlebitis were discovered. *Case* 2. A boy, aged 9, in the Westminster Hospital, under the care of Mr. Holt, on account of diseased knee-joint; the fistula communicating with the interior of the joint both in front and in the popliteal space. The boy was hectic and very feeble. Mr. Holt made his first incisions with the view of exploring the joint; but finding that the latter was quite disorganized, he afterwards enlarged them, and performed an ordinary resection of the articulation. The patella was not removed. But slight constitutional disturbance ensued on the operation, and within a few days afterwards, the boy began to improve in health. Some suppuration, of course, followed, and the pus escaped partly in front and partly by the popliteal fistula. The lines of incision are now almost healed, and the boy's condition is very satisfactory. *Case* 3. A woman, aged 20, under the care of Mr. Statham, in University College Hospital, for diseased knee-joint. The disease had existed one month. Excision of the whole articulation was performed, and the patient has since done fairly. *Case* 4. A woman, aged 27, under the care of Mr. Hancock, in the Charing-cross Hospital, on account of old-standing disease of the elbow-joint. He was much reduced in health by the disease, and almost hectic. Mr. Hancock performed resection of the entire joint, by means of the usual H shaped incision. The bones were found carious, and deprived of cartilage. Much improvement in the patient's health has followed the operation, and a very good local result is promised, as the parts are almost healed. *Case* 5. A lad, aged 19, in St. Bartholomew's Hospital, under the care of Mr. Stanley, on account of diseased wrist and carpus. Being in good general health, and the condition of the soft parts being favourable, the case was judged suitable for removal of the diseased bones. Mr. Stanley exposed the back part of the carpus, by dissecting up a flap which included both tendons and integument, and was curved from above downwards. A large abscess was opened, and the articulations between most of the carpal bones were found diseased, their synovial membrane and cartilage being destroyed. Either portions or the whole of most of the carpal bones were removed by means of the forceps, such parts being dissected out as appeared most diseased. The flap of skin was afterwards replaced, and confined in position by sutures. The condition of the hand since the operation has, perhaps, been as satisfactory as might have been expected. The incision has united in almost all parts, but there is still some general swelling, and several sinuses probably communicating with bone. *Case* 6. A woman, aged 74, under the care of Mr. Statham, University College, on account of disease of the elbow joint of three months' duration. Excision of the articulation has been performed, and the case is making favourable progress. *Case* 7. A girl, of strumous constitution, under the care of Mr. Statham, in University College Hospital, on account of disease of the ankle. The joint has been excised, and the case is doing very well. *Case* 8. A man, aged 44, under the care of Mr. Birkett, in Guy's Hospital, on account of diseased carpus, the result of acute inflammation, consequent on a sprain received eight or nine months previously. Mr. Birkett enlarged freely the fistulous openings already existing, and removed five of the carpal bones, all of which were denuded of cartilage. Under treatment. *Case* 9. By Mr. Birkett, in Guy's Hospital, removal of a necrosed portion of the os calcis from the foot of a child, aged 10, who had suffered from the disease for three years. Under treatment.

Operations for Abscess in Bone.—The following interesting example of circumscribed abscess in the middle of the shaft of a long bone has occurred under the care of Mr. Paget, in St. Bartholomew's Hospital. The patient, a girl aged 18, had long been under care, on account of fistulous openings over the middle of the front of the left tibia, which led deeply into the middle of the bone. There was slight enlargement of the shaft round this part. The history was, that a year ago, while recovering from fever, she had suffered an attack of intense pain in the part now affected, and which had lasted for several weeks with such severity that she had scarcely slept. An abscess shortly afterwards formed, and was opened, after which the pain almost ceased. After discharging for a month, the abscess healed, but did not remain so for more than a few days, and it had ever since continued to discharge. Mr. Paget thought it probable that some necrosed fragment of bone was inclosed in the diseased part of the shaft, and he accordingly performed the operation of trephining, in the hope of being able to remove it. A free opening having, however, been made, it was found that no necrosis existed, but that there was merely the cavity of a circumscribed abscess, about capable of containing a walnut, and lined by soft membrane. The wound is now granulating from the bottom, and appears likely to heal.

Excision of Malignant Growths.—*Case* 1. By Mr Pollock, in St. George's Hospital, removal of a medullary growth from the front of the chest of a woman, aged 30. The tumour had been twice excised from the same part before. *Case* 2. By Mr. Luke, in the London Hospital, removal of a testis affected with medullary cancer, from a child aged four years. The patient is a stout, but very pale child; there are no indications of affection of the glandular system or of the structures composing the cord. Some inflammation of the scrotum and about the inguinal canal followed the operation, but has since subsided, and the wound is now all but healed. *Case* 3. By Mr. Hilton, in Guy's Hospital, amputation of the penis, on account of epithelial cancer. The patient, a man in fair health, had been admitted into the venereal ward, suffering from phymosis and supposed concealed sores. The prepuce having been slit up, a large ulcer, with warty indurated edges and much wart-like growth around it, was exposed. Suspecting its malignancy, Mr. Hilton had a small portion excised and submitted to Professor Queckett for microscopic examination, and the characters of epithelial cancer having been found, amputation was determined on. The mode of operating selected was one which, in two or three previous cases, Mr. Hilton had practised with success, its peculiarity consisting in cutting through the corpora cavernosa, higher up than the corpus spongiosum and urethra. A sound having been passed into the urethra for the convenience of steadying the part, the operator transfixed the penis with a narrow-bladed knife, just above the urethra, and then cutting directly upwards, divided the corpora cavernosa and integument. The next step consisted in separating the portion to be amputated from the upper surface of the urethra for a distance of about half an inch forwards, at which point, by a cut downwards, the latter, together with the corpus spongiosum, was divided. The parts healed well, and it seemed probable that the orifice of the urethra would continue to be prominent, and quite free from contraction. *Case* 4. By Mr. Le Gros Clarke, in St. Thomas's Hospital, amputation of the penis, on account of epithelial cancer. The patient was a man, aged 54. Recovered. *Case* 5. By Mr. Paget, in St. Bartholomew's Hospital, amputation of the penis on account of epithelial cancer. The patient was a man, aged 40; the operation was performed in the usual way, by a single sweep of the knife. *Case* 6. By Mr. Birkett, in Guy's Hospital, excision of a large melanotic growth from between the scapulæ of a woman, aged 34. The case had been previously operated on in another hospital five months ago (see *Medical Times and Gazette* for May 27, page 542). Within a month of the operation, and almost before the wound had quite scarred, there were indications of its redevelopment, and it quickly attained a large size. It was a large ulcerated mass at the time of Mr. Birkett's operation, but still quite limited to the skin, and the woman's health was tolerably good. A considerable quantity of blood was lost during and after the operation. Chloroform was exhibited. The patient sank subsequently into a condition of great exhaustion, and died on the sixth day. At the autopsy, no deposit of secondary cancer was discoverable in any organ. The internal viscera were softened and anæmic.

Removal of Non-malignant Growths.—*Case* 1. By Mr. Adams, in the London Hospital; excision of a very large fibrous tumour from the inner side of the left leg of a woman, aged 43. The tumour had been growing for fourteen years, and was placed just above the knee, the skin covering it being intersected by numerous large and tortuous veins. It was movable, and consisted of two firmly-connected lobes, each as large as an adult fist. During the excision considerable bleeding occurred. The inner part of the tumour was found to dip under the border of the vastus internus muscle. The hemorrhage was easily arrested afterwards; and for a few days the patient seemed to do well. Subsequently, however, the leg was attacked by phlegmonous erysipelas, after which the symptoms of pyæmia occurred. Death took place five weeks after the operation. The tumour, after removal, was found to consist of firm fibro-cellular tissue, in some parts being almost as solid as a fibrous tumour of the uterus. *Case* 2. Excision of the testis on account of supposed malignant disease. The patient was a soldier, aged 24, and he attributed his disease to a blow which he had received eighteen months previously. The whole scrotum was reddened, and the testis was enlarged to the size of a goose's egg. There were two small fistulæ which led deeply into the organ, and from which small quantities of thin matter escaped. Excision of the entire gland was performed in the usual way, and the man has since recovered well. In the middle of the testis was found a circumscribed abscess, about the size of a hen's egg, distended with thick pus, and lined by a villous membrane. Around the cavity, the structure of the gland was spread out; in most parts, however, it appeared to be quite healthy. *Case* 3. By Mr. Simon, in St. Thomas's Hospital; excision of a small, hard tumour from the left breast of a girl, aged 15. It proved to be simple lobular hypertrophy. The wound soon healed. *Case* 4. By Mr. Ward, in the London Hospital; removal of a fatty tumour from the abdomen of a woman, aged 30. The frigorific mixture was used preparatory to the incision in the skin.

Puncture of the Bladder.—Mr. Hilton's patient, the subject of Case No. 2, in the last report, has been discharged well. The canula was retained in the bowel for ten days, since which the stricture has been successfully treated by dilatation. Mr. Ince, the dresser of the case, succeeded in passing a No. 8 before he left the hospital.

Removal of Necrosed Bone.—Numerous successful operations of this class have been performed, but in one a fatal result has ensued. The patient was a girl, aged 14, in very feeble health, from whom portions of a necrosed tibia had been removed. Death from erysipelas followed.

Ligature, etc. of Nævus.—In Mr. Cock's case, mentioned last month, a second injection with the perchloride has been performed. It remains under treatment. The cases of aneurism by anastomosis also remain under treatment.

Operations for Ununited Fracture.—In Mr. Lawrence's case of ununited fracture of the tibia in a boy, in which the introduction of a seton had been tried, no benefit has resulted. The threads were removed on the tenth day, and it was hoped that consolidation might follow, but the bones are now as movable as ever. A further operation is contemplated.

Plastic Operations. Staphyloraphy.—In Case 3, of the report for June, a second operation has been performed. The patient is a girl, aged 16, under the care of Mr. Pollock, in St. George's Hospital, for cleft palate. On the former occasion, Mr. Pollock united only the soft palate, which healed well. The present operation consisted in paring the edges of the aperture in the hard palate, and uniting them, free lateral incisions having been made to prevent tension. For *fungous testis*, in the case of a young man under his care in St. Bartholomew's Hospital, Mr. Paget has performed the operation recommended by Mr. Syme in cases of protruded testis. The protruded mass had a circumference about the size of a halfpenny, and an elevation of the third of an inch. The whole testis was much enlarged, and the tissues of the scrotum were somewhat thickened by inflammation. Mr. Paget made an incision down the vertical axis of the scrotum almost from its upper to its lowest part, crossing the middle of the protrusion; the adherent margins of skin by the side of the latter were then dissected away by elliptical incisions, which joined the vertical ones. The next step consisted in separating the testis from the sides of the scrotum sufficiently to allow of its being covered in by the latter without tension. The fungous granulations which formed the protrusion were not interfered with. The sides of the incision were lastly united together over the testis by numerous interrupted sutures, the appearance presented afterwards being that of a single longitudinal cut, about seven inches long. A little swelling on the few following days was present about the lips of the wound, and they did not unite by first intention. A week later, the greater part of the cut was soundly healed, but in the centre there was a little gaping, and a small part of the fungous granulations of the testis had again become visible. At present (three weeks after the operation) the healing is all but complete, and the testis, excepting a point not larger than a pea, has been perfectly covered. The remaining part promises to heal rapidly. *For the Closure of an Aperture in the Urethra.*—A man, in good health, aged about 36, was admitted into the London Hospital, under Mr. Curling, on account of a long opening in the floor of the penile portion of his urethra, and of stricture anterior to it. Several operations had been performed for its closure, at an Indian Hospital, and he had now come to England with the express intention of having it treated. The aperture commenced just in front of the scrotum, and was about three-quarters of an inch long; it had resulted from sloughing. Mr. Curling's first measure was to secure the patency of the front portion of the canal by dividing the stricture from within. Ten days after that had been done, a full-sized catheter could easily be passed, and the following operation was then adopted: In order to prevent the risk of the flow of urine through the urethra preventing the union of the flaps, it had been determined to puncture the canal in the perineum. This was accordingly done, and a flexible catheter introduced into the wound. The sides of the false opening were then dissected freely up, and their edges pared. By applying together their under surfaces (not the edges) for a breadth of about the third of an inch, a sufficient extent of apposition was easily got, and, by means of portions of silver wire passed through a fold of wash-leather and secured by shots, the parts were effectually kept in close contact. For the four days immediately following the operation all seemed to be going on well. By the expedient of placing a bladder of ice at the perineum during sleep, nocturnal erections had been prevented, and the escape of urine had been solely by the catheter in the perineal wound. During the fourth night, however, the catheter by some accident got stopped, and the urine forced itself into the natural channel, and broke down the adhesions already formed at the seat of operation. The sutures had to be taken out, and the failure was for the time complete. Since then, however, by the process of healing by granulation, the size of the opening has been very considerably diminished, and will probably be yet more so. The perineal wound has closed. [At page 421 of the *Medical Times and Gazette* for Oct. 22, 1853, the reader may find the notice of an operation by Mr. Paget, almost similar to the above, and which issued in the same results.] *Harelip.*—Two operations for single harelip have been successfully performed, and one has failed. An operation for the restoration of part of the lower lip which had been destroyed by sloughing many years previously, has also failed.

Tenotomy.—In several cases of club-foot, tenotomy has been performed with success. The following occurred in Guy's Hospital, under the care of Mr. Cock. A muscular man, aged 50, was admitted on account of a dislocation of the tibia inwards and forwards. All attempts to reduce it, even when made under the influence of chloroform, failed, until the tendo-Achillis had been divided, after which the reduction was easily effected. No difficulty has since occurred in keeping the foot in place.—*Med. Times and Gaz.* Sept. 23, 1854.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Transactions of the American Medical Association.—We are happy to announce the publication of the seventh volume of these Transactions. We received our copy on the 10th of November. Knowing the difficulties to be encountered in passing through the press a volume of this kind, we feel disposed rather to compliment the present committee of publication on their achievement, than censure them for tardiness. We may remark, however, that there is nothing either in the period of publication or in the appearance of the volume which may not be eminently consolatory to the former committee of publication. The previous volume, containing 869 pages, with 23 coloured plates, and a large number of wood-cuts, was distributed to members on the 15th of November of last year. The present volume, containing but 668 pages and comparatively few illustrations, one only of which (a map) is coloured, was distributed a very few days earlier, the present year.

YELLOW FEVER.—*New Orleans.*—The epidemic of the present year is said to have been the severest, with the exception of that of 1853, which ever prevailed in New Orleans. It is estimated that there were nearly fourteen thousand cases.

The following is given as the mortality, up to October 15:—

Deaths up to July 16,	13
" week ending July 23,	6
" " " " 30,	12
" " " Aug. 6,	35
" " " " 13,	51
" " " " 20,	131
" " " " 27,	201
" " " Sept. 3,	224
" " " " 10,	305
" " " " 17,	361
" " " " 24,	367
" " " Oct. 1,	283
" " " " 8,	223
" " " " 15,	151
" for the four days ending this morning	57
Total yellow fever deaths	2,420

Savannah.—The mortality in this city during the epidemic, is given as follows:—

Total interments for twelve weeks, ending October 31, 1,007, of which 626 were from yellow fever.

White Persons.

By yellow fever	611
Other diseases	301
Total	912

Black and Coloured Persons.

By yellow fever	15
Other diseases	80
Total	95

FOREIGN INTELLIGENCE.

Medical Practice among the Poor.—I trust that I shall not be thought wanting in humanity, if I suggest in this paper little more than a business view of the relations that subsist between the sick poor and the main body of the doctors. Mr. Souchong, who supplies tea to the poor in ounce packets at an enhanced price, and not always in the state in which it left China; Mr. Sirloin, who sells them the chips and fragments of his meat at a good profit; Mr. Wick, who gets the halfpenny out of the poor man's penny candle, may hold up their hands at the hardheartedness of an apothecary who meanly connects thoughts of the sick poor with thoughts of his own day-book and ledger. Be it so. Many a night, when Mr. Souchong was snoring soundly with his cash-box on the chair at his bedside, I and thousands of my brethren, in town cellars and garrets, or in country cottages by lonely hill-sides, have sat sleepless by the bed of a poor man or woman tossing with pain, have had our hands grasped firmly by sufferers who held to us as to dear life; and forgetting our own weariness, have laboured to be strong in help, and strong in sympathy, to cheer the downcast, and to comfort those that mourned. Of course, we are hardhearted. Mr. Souchong, who happens to be a poor law guardian, and who knows it, says so.

The profession looks to an undiscerning public for patronage which is much too unwisely and unequally distributed. It is full of struggling men whose competition with each other would be fierce if it were not restrained by gentlemanly feeling, and a rigid code of etiquette. In such a profession jealousies and morbid sensitiveness must—as they surely do—exist. The folly of the ignorant among the public opens many a profitable path to meanness. Worldly advantages are offered most freely to all medical men who will be humbugs. Some surely must be too weak to withstand temptation of this kind; and, indeed, it is well known that, so far as we could do so with honour, we have all sought to satisfy the public by including a very considerable mass of humbug in the routine of our daily practice. We are not to blame for this, any more than we are to blame for the heartburnings that arise among ourselves out of the general impoverished state of the profession; called upon as it is to give its services gratuitously to three-fourths of the population of the country. We accept cheerfully, I say again, that last-mentioned necessity; but it is not requisite that we should work, as we so generally do work, unthanked.

Apart from a sense of duty done, the sole profit that a medical man gets out of attendance on the sick poor, is experience. But he gets that out of the sick rich who pay him for his cares; yet he is content to take it as his only profit from the poor. His need of experience is great. He requires it first in hospitals; in which poor men, women or children are collected for gratuitous treatment by the foremost men of the profession; who in that way bear their share of the general burden (no payment being attached to hospital appointments); and, at the same time, impart much of their own practical knowledge to their juniors. Then the juniors, when they have received their diplomas, begin practice by the acquisition of some more experience among the poor; and, with that view, seek small salaried positions as house surgeons in provincial infirmaries, or as assistants—doers of the parish work—in the pay of established surgeons.

These are the young men entitled whippersnappers; to whom the poor are said, by Messieurs Souchong, Sirloin, and Wick, to be shamefully and neglectfully handed over. Mr. Souchong, Sirloin, and their friends refuse on their own parts to take counsel of a whippersnapper; so do their betters with considerable unanimity. They wait until he has more experience; that is to say, until he has tried his prentice hand sufficiently among the poor. He would be happy enough to attend viscounts and bankers; but he is bidden by society to try his hand first among beggars. He does so in all good faith and earnestness; whereupon cries virtuous society, it is a shame to intrust to whippersnappers poor men's lives! Now, I believe that, as the world of physic goes, the poor are not in this respect much to be pitied; and that, on the whole, they perhaps get more true help in the way of medical attendance than several of the classes next above them; including nearly all the poorer half of what are called the middle classes. The poor man in any town, if dangerously ill, may go into a hospital, where he not only gets the help of such professional advice as, except himself, only the wealthy can afford to summon to their cases, but he gets the advice carried out for him by a system of skilled watching and tending such as many a duke is unable to secure. In every town, almost every surgeon or physician famous for his skill in treating any given form of disease, sits at some hospital or dispensary at certain hours, to prescribe gratuitously for the poor who come to him; securing himself the opportunity of watching and comparing a great number of cases, and, on the other hand, giving to the poor opportunities that very seldom can be compassed by a tradesman's purse. Even the out-door visiting by whippersnappers is rather a gain to the sick poor than not. The young practitioner, fresh from his studies and his hospital training, has not, indeed, independent experience; but he has the best and latest knowledge fresh in his head, and the experience of first-rate practice that he has been witnessing, still at his fingers' ends. This is not the case with men in active practice, who cannot keep pace with the growth of scientific knowledge in their own profession. Thus the whippersnapper *may* know more than the old established man; whose very success makes him a man of routine and leaves him no time for study. Perhaps, however, this youth is a fool who has lost time and misused his opportunities. Granted. Perhaps the old man, too, was such a fool in his youth; and, if he was, assuredly he never had it in his power afterwards to conquer the ignorance with which he started. He has learned only to hide it; to find a substitute for knowledge sometimes in assumption—sometimes in gruffness or in some assumed eccentricity of manner. But the young fool who, distrusting himself, is not bound by any delicacies of position to abstain from seeking information of his seniors, is a much safer counsellor to a poor man—or even to a rich man—than the old fool who is pledged to maintain a character for wisdom.—*Household Words.*

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Cholera.—*London.*—The disease continues to decline.

For the week ending—

October	7,	the mortality	was	411
"	14,	"	"	249
"	21,	"	"	163
"	28,	"	"	66
Nov.	4,	"	"	31

The deaths by cholera in the three months of July, August, and September, throughout England and Wales, have been 15,587; by diarrhœa, 11,135; or 26,722 by the two forms of disease. The epidemic has exhibited less intensity than it did in 1849; and although diarrhœa has been apparently as prevalent, or at least as fatal, the deaths by cholera have been less by 28,234 than the deaths by the same disease in the three summer months of that year. The mortality from cholera and diarrhœa is less by one-half than it was in 1849.

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Obituary Record.—We find announced, with great regret, the death of Dr. Golding Bird, at Tunbridge Wells, on the 27th of October, at the early age of thirty eight years. For some months past, his failing health had obliged him to relinquish all professional exertion; and in June last he finally left London to seek repose, though not health, in retirement at Tunbridge Wells. Although he had long suffered from affection of the heart, the immediate cause of death was connected with kidney disease, and thus he fell a victim to a malady, to the elucidation of which the greater portion of his professional life had been devoted, and in the diagnosis and treatment of which he had been one of the greatest authorities.

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No exertions will be spared to maintain the high reputation of these periodicals. In the January number of the Medical Journal will be found a Biography of the late Dr. Nathaniel Chapman, by Prof. Samuel Jackson, with a handsome portrait on steel. The Library Department of the "News" for 1855 will contain a valuable practical work, worthy to follow those of Watson, Malgaigne, Todd and Bowman, Brodie and others, which have given so much satisfaction to subscribers for the last twelve years.

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THE

MEDICAL NEWS.

MDCCCLV.

VOL. XIII.

PHILADELPHIA:
BLANCHARD AND LEA.
1855.

PHILADELPHIA:
T. K. AND P. G. COLLINS, PRINTERS.

THE MEDICAL NEWS AND LIBRARY.

VOL. XIII. JANUARY, 1855. No. 145.

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CLINICS.

Statistical Report of the Principal Operations performed in the London Hospitals during the month of September, 1854.

Lithotomy.—Number of cases, 4; recovered, 3; under treatment, 1.

Case 1. A boy, aged 12, in good health, under the care of Mr. Cock, in Guy's Hospital. No bad symptoms followed the operation, and he was quite well in a fortnight. *Case* 2. A boy, aged 4, under the care of Mr. Paget, in St. Bartholomew's Hospital. The bladder was very large; and, on the operating table, some difficulty was found in forming a positive opinion as to the presence of a stone. Those present were, however, at length convinced, and the operation was performed. The stone proved a small one, and very light; its exterior was coated with minute crystals, which made it resemble sand-paper, and had prevented it from yielding, when struck by the sound, the usual chink of a smooth stone. The boy had some little bleeding a few hours after the operation; but it ceased spontaneously, and he subsequently recovered well. *Case* 3. A boy, aged 3, in good health, under the care of Mr. Ward, in the London Hospital. Recovered without a bad symptom. It is worthy of note, that this boy's sister had also suffered from calculus, and had three years ago had the stone extracted after lithotrity, by Mr. Luke, in the same Hospital. *Case* 4. A man, in fair general health, but rather emaciated, and with some symptoms of phthisis, aged 25, under the care of Mr. Cock, in Guy's Hospital. A large stone was easily removed. On the fifth day after the operation, hemorrhage from the wound occurred. A flexible catheter was passed by the urethra, and the wound then plugged with sponge. The sponge effectually arrested the bleeding; it was retained *in situ* for three days, and then removed, after which no further hemorrhage took place. The urine at this period contained much mucus and phosphatic deposit,

Published monthly by BLANCHARD & LEA, Philadelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage to the subscriber.*

☞ *In no case will this work be sent unless the money is paid in advance.*

and the man had sunk into a very feeble condition. By the cautious employment of good diet, and the exhibition of an effervescent draught, containing in each dose five grains of the ammonio-tartrate of iron, he has since improved satisfactorily, and is now recovering.

Lithotrity.—A man, aged about 60, of large make, and very stout, has just been discharged from the London Hospital, where he had been treated by Mr. Adams. After five or six operations, the stone appeared to have been all got rid of. The man was in good health, and had not suffered materially. He was the subject of a very large prostate. Mr. Adams believed the stone to have been of small size.

Lithotomy in the Female.—A girl, aged 6, in good health, was admitted into Guy's Hospital, under the care of Mr. Cock, suffering from a large vesical calculus. The operation for its removal was conducted under chloroform. Mr. Cock dilated the urethra until it would admit a small pair of forceps. The stone was then seized; and, while held forwards firmly, the urethra was divided on each side in a direction downwards and outwards, to the extent requisite to allow of the extraction. The stone was of peculiar shape, having a body about the size of a damson-plum, and a long curved neck, which had seemingly been moulded in the urethra. It broke during the operation, and was extracted in two parts. After the operation a catheter was passed into the urethra, and the vagina plugged with sponge, so as to support the incised parts in contact. Union by the first intention resulted, and the child recovered perfectly, without the least incontinence of urine. [The mode of operating in this case was similar to that we recorded in detail at page 111 of the *Med. Times and Gaz.* for July 29, 1854.]

Herniotomy.—In Mr. Cock's case, No. 7, of last report, the patient has since recovered.

Number of cases, 11; recovered, 7; died, 4.

Case 1. A man, aged 23, under the care of Mr. Wormald, in St. Bartholomew's Hospital. Hernia of the congenital form, but never down before; of large size, and strangulated twenty-four hours. The stricture was the neck of the sack itself, and was very tight. The sac was opened, and the bowel was found much congested. Death from peritonitis followed on the second day. *Case* 2. A man, aged 45, under the care of Mr. Ure, in St. Mary's Hospital. Hernia direct inguinal; strangulated eighteen hours; sac opened. The man did well for two days after the operation, when he was attacked by an acute carbuncular inflammation of the upper lip, which spread over the cheeks, and, in spite of treatment by free incisions, and the use of stimulants, caused death on the fifth day. At the autopsy, very slight evidences of peritonitis were found. *Case* 3. A man, aged 56, under the care of Mr. Thompson, in the Marylebone Infirmary. Some difficulties attended the diagnosis of this case; only one testicle existed in the scrotum, that of the right side being undescended. In the right inguinal canal was a painful swelling, which might have easily been taken for an inflamed testicle only. As the symptoms of strangulated bowel were present, however, it was determined to operate. The sac having been laid bare, it was found to be tightly constricted at its neck; and, having next been opened, was seen to contain a coil of bowel, which had been prevented from passing through the external ring by the testis, which in an atrophied condition was there situated, and served as a plug. The hernia was of the congenital inguinal form, and had been strangulated thirty-six hours. The bowels acted spontaneously on the second and third days after the operation, but subsequently the patient had symptoms of low peritonitis, and died on the fifth day. The bowel was found, at the autopsy, almost gangrenous at the part where it had been constricted. *Case* 4. A lad, aged 17, under the care of Mr. Birkett, in Guy's Hospital, hernia congenital, and strangulated about thirty-two hours. In the scrotum there was but one testicle, that of the right side being undescended. Both inguinal canals appeared full, and in neither could the swelling be diminished by pressure. The left side appearing rather the fuller of the two, although not painful, Mr. Birkett selected it for the operation. The sac having been opened, a knuckle of intestine, not much congested, was exposed, and was, after a little manipulation, returned without dividing the internal ring. The symptoms, which had been rather sharp, ceased immediately after the operation, and on the next day the patient might have been pronounced well. The swelling on the right side was of course the testis. *Case* 5. A woman, aged 55, under the care of Mr. Prescott Hewett, in St. George's Hospital, hernia femoral, strangulated sixteen hours; sac opened, recovered. *Case* 6. A woman, aged 53, under the care of Mr. Thompson, in the Marylebone Infirmary, hernia femoral, strangulated seventy hours; sac opened. Recovered without a bad symptom. *Case* 7. A woman, aged 70, under the care of Mr. Ure, in St. Mary's Hospital, hernia oblique inguinal, strangulated eighteen hours; sac opened; recovered. *Case* 8. An infant, aged 5 months, under the care of Mr. Lane, in St. Mary's Hospital, hernia congenital, strangulated twelve hours, sac opened. A hydrocele on the same side complicated the case. Many attempts at taxis had been made before its admission. The testicle, when exposed, was found acutely inflamed, as if from bruising. After the operation, the child had convulsions, and subsequently an attack of scarlet fever. As it was recovering from the latter, the wound became affected by sloughing; ultimately, however, a perfect recovery ensued. *Case* 9. A man, aged 40, under the care of Mr. Ure, in St. Mary's Hospital, hernia scrotal. The protrusion had been down for some months, and had not recently increased in size. Slight but increasing symptoms of strangulated bowel had existed for several days; reduction could not be effected, and, in obedience to the surgical rule for doubtful cases, the operation was performed. The vomiting had not been severe, but the bowels were constipated. The sac having been opened, no bowel was found, but a mass of consolidated omentum only. This mass, about the size of a pigeon's egg, was cut away, and the bleeding vessels tied. Excepting some sloughing of the wound, the man made an unimpeded recovery. *Case* 10. A man, aged about 40, under the care of Mr. Pollock, in St. George's Hospital, hernia femoral, strangulated twenty-four hours; sac opened. Cholera came on after the operation, and was fatal. *Case* 11. A woman, aged 34, under the care of Mr. Le Gros Clarke, in St. Thomas's Hospital. She was in the third month of pregnancy. She had been the subject of an easily reducible femoral hernia for six years, and had suffered from symptoms of acute strangulation for five days. Her aspect on admission was extremely anxious, pulse very frequent, and so small as to be almost imperceptible; tongue foul and covered with feces. There was hiccough, and it was said that she had passed no urine for five days. Mr. Clarke opened the sac, and found that it contained bowel and omentum. The gut, which was of a chocolate colour, was returned, and part of the omentum cut away. Vomiting and hiccough persisted for three days after the operation, when miscarriage took place. After the latter event, recovery gradually supervened, the exposed omentum sloughed away, and the wound healed. The woman was discharged well three weeks after admission.

Ligature of Arteries.—A boy, aged 5, was admitted, under the care of Mr. Ward, into the London Hospital, having just previously been stabbed by a knife in the middle of his left thigh. He had bled very profusely, and was pale and faint. From the amount of hemorrhage, and the position of the wound, it was rendered very probable that the femoral itself had been wounded, and Mr. Pouldon, the House-Surgeon on duty, without delay, at once enlarged the wound, and exposed that vessel. An oblique wound, about the eighth of an inch long, from which the blood issued, was seen. An armed aneurism needle having been passed under the artery, its threads were separated, and one tied above and the other below the injured spot; the lower one, however, having a little slipped, did not quite get beyond the wound, and it was necessary to introduce a third still lower. All bleeding ceased, and the wound having been dressed, the patient was removed to a bed. On the fifth day after the operation pulsation in the posterior tibial was perceptible. The child did remarkably well throughout, and the ligatures came away without inconvenience.

Treatment of Aneurism by Compression.—Mr. De Morgan's case in the Middlesex Hospital continues under treatment.

Amputations.—The patient (*Case* 16 of the report for May), on whom M. Pirogoff's modification of the amputation at the ankle-joint had been performed, died suddenly about two months after the operation. The cause of death being a large mass of tubercle in the brain, was not connected with the amputation. The condition of the stump was, however, not satisfactory. The portion of os calcis which had been left had been dragged by the muscles of the calf up behind the tibia, and a considerable part of it had necrosed, and would, if the man had lived, have required removal subsequently.

Number of cases, 10; recovered, 5; under treatment, 1; died, 4.

Of the Thigh.—*Case* 1. A man, aged 63, under the care of Mr. James Lane, in St. Mary's Hospital, on account of compound fracture above, and extending into the ankle-joint. The tibia only protruded, and, after sawing off a portion, was easily reduced. The wound took on a sloughy condition, the leg was affected by erysipelas, and the condition of the limb was so threatening that it was deemed necessary to amputate on the sixth day. The man, who had been of very intemperate habits, had already become delirious, and much sunken. Very little blood indeed was lost at the amputation. Death followed on the second day, apparently from exhaustion. *Case* 2. A girl, aged 17, under the care of Mr. Tatum, in St. George's Hospital, on account of diseased knee-joint. She was in tolerable health, and recovered well. *Case* 3. A man, aged 19, under the care of Mr. Birkett, in Guy's Hospital, on account of diseased knee-joint, of nine months' duration. The joint was disorganized, and the patient's health very much reduced. Recovered. *Case* 4. A man, aged 49, admitted into Hospital at 7 P. M., having, in a railway accident, sustained compound comminuted fractures of both thighs. Amputation of the left thigh was performed about eleven the same evening, the patient having then somewhat rallied. Death took place immediately after the operation, and before the flaps had been adapted. *Case* 5. A man, under the care of Mr. Pollock, in St. George's Hospital, on account of disease of the tibia, involving the knee-joint. He was the subject of Bright's disease, but he, notwithstanding, recovered well from the operation, and the stump healed kindly.

Of the Leg.—*Case* 6. A man, aged 35, under the care of Mr. Paget, in St. Bartholomew's Hospital, on account of compound fracture of the leg. Primary amputation was performed. The man was in good health, and recovered well. *Case* 7. A man, aged 35, admitted with a compound fracture of the leg, under the care of Mr. Curling, in the London Hospital. An attempt was made to save the limb, but, on account of the profuse suppuration, and the exhaustion induced, secondary amputation became needful one month after the accident. The man's state at the time was not of the worst, and he had good spirits, and was himself hopeful. For a week after the operation he did well, but, at the end of that period, severe rigors began to occur. It was at first hoped that, as the tongue continued clean and the appetite good, these might be dependent on some intermittent disease; but, ultimately, the symptoms of pyæmia developed themselves, and death, at the end of three weeks, took place. At the autopsy, secondary deposits of pus were found in the lungs and liver.

Of the Upper Extremity.—*Case* 8. A man, aged 55, under the care of Mr. Walton, in St. Mary's Hospital, on account of compound fracture of the humerus, extending into the elbow-joint. Primary amputation in the middle of the upper arm was performed. Is doing well. *Case* 9. A man, aged 22, admitted, under the care of Mr. Wormald, into St. Bartholomew's Hospital, for a crushed wrist. Primary amputation through the forearm was performed. Some erysipelas followed, but he ultimately recovered well. *Case* 10. A man, aged 31, under the care of Mr. Wardsworth, in the London Hospital, for compound fracture. Secondary amputation was performed three weeks after the accident. Death from pyæmia followed. Secondary deposits were found in some of the internal viscera.

Excision of Bones and Joints.—The three cases of excision of the knee-joint, under the care of Messrs. Fergusson, Statham, and Holt, in King's College, University College, and the Westminster Hospitals respectively, are doing well. In each case the patient may be deemed out of danger from the operation, and in the first and last the parts are nearly healed. Mr. Erichsen's case, in which the head of the femur had been excised, has been sent to Margate. The lad is in improved health, but an open sinus still exists. In *Case* 6 of last month's report, the patient, a woman, aged 74, whose elbow-joint had been excised by Mr. Statham, in University College Hospital, is doing well. In *Case* 8, in which excision of the carpal bones had been performed, amputation through the forearm has since been necessary. The patient in *Case* 3 of our report for July, a girl, aged 11, under the care of Mr. Ure, in St. Mary's Hospital, on whom excision of part of the os calcis, on account of abscess with carious disease, was performed, has recovered. The wound is all but healed, and the surrounding thickening nearly removed. The child has been sent to the sea-side. In *Case* 2 of our report for July, the result has not been satisfactory. The patient was a woman, aged 63, and on account of abscess within the os calcis, the excision of a part of that bone had been performed. The wound was afterwards affected by sloughing, and, after a three months' treatment in the Hospital, she was discharged, there being still a large portion of exposed bone. Amputation is the only remedy which could now be advised.

Numerous other cases remain under treatment in the different Hospitals.

During the month but one operation of this class has been performed. It consisted in the removal of a large portion of the astragalus. The patient is a man, aged 40, under the care of Mr. Cock, in Guy's Hospital, on whom a partial excision of the ankle-joint was performed a year ago. He has been an inmate of the Hospital ever since, and small fragments of bone have been repeatedly removed, but the persistent swelling and suppuration plainly showed that much disease yet remained. The entire astragalus, both malleoli, and the articular surface of the tibia, have now been removed. The condition of the foot has much improved since the last operation, and there is fair hope of a good result.

Excision of Malignant Growths.—Case 1. A woman, aged 56, under Mr. Curling's care, in the London Hospital, on account of scirrhus of the breast. One of the axillary lymphatics was enlarged. Excision of the whole breast was performed. Under treatment. *Case* 2. A woman, aged 50, under the care of Mr. Adams, in the London Hospital, on account of scirrhous growth beneath the cicatrix resulting from the excision of a tumour of similar nature five months before. The returned tumour was about the size of a large egg; it was found after removal to have suppurated in the centre, and to consist of a thin layer of hard cancerous material, surrounding a collection of ill-formed pus. The patient stated that she had suffered much more pain with the second than with the first tumour, and that it had also been more of a throbbing character. She is nearly well. *Case* 3. A woman, aged 48, under the care of Mr. Adams, in the London Hospital. The tumour was a lobulated growth of scirrhus, the size of a large fist, in the right breast. The entire breast, together with much diseased skin, and a lymphatic gland from the axilla, was removed. The wound left was very large, but it has since healed well, and is now fast cicatrizing. *Case* 4. A woman, of middle age, under the care of Mr. Pollock, in St. George's Hospital. The whole breast was removed on account of scirrhus. Death from phlebitis and pyæmia resulted. *Case* 5. In the Middlesex Hospital, by Mr. Shaw, excision of the breast of a middle-aged woman, on account of scirrhus. *Case* 6. By Mr. Cock, in Guy's Hospital, excision of a growth somewhat resembling soft cancer, from the upper jaw of a woman, aged about 30. Eighteen months ago, Mr. Cock had opened the antrum, and removed from it, and from the nose, a considerable mass of the same nature as the present. It had grown again, but none of the lymphatics had become affected. The woman has been discharged, but some small masses of the same formation have already reappeared near the nose.

Amputation of the Penis.—Mr. Paget's case of amputation of the penis (No. 5 of last month's report, "malignant growths") has resulted in recovery. Some difficulty was encountered during the healing of the stump, on account of the tendency of the surrounding parts to occlude the urethra.

During the month, Mr. Paget has operated on the following case: A man, in fair health, aged about 40, the subject of congenital phymosis and hypospadias, but, nevertheless, the father of a large family. Epithelial cancer had attacked the glans and foreskin; there was no perceptible disease of the inguinal lymphatics. In amputating the part, Mr. Paget drew the integument far forwards, more especially below, and then cut through by a single sweep. After the incision the skin retracted, so as to leave nearly three-fourths of an inch of the penis exposed, rather a greater length being uncovered below than in other parts. The object had in view in removing so much skin from over the urethra was to prevent the latter from being covered by the dragging forwards of the skin during cicatrization. The case remains under treatment, and the plan promises to be successful.

Excision of Non-Malignant Growths.—Case 1. By Mr. Ure, in St. Mary's Hospital; removal of a recurrent tumour from the breast of a woman, aged 35. The tumour had been removed from the same part before, and was generally supposed to be malignant; but Mr. Ure examined it microscopically, and found only fibroid tissue without cells. The woman had an induration in the opposite breast, but it disappeared during her recovery from the operation. Recovered. *Case* 2. By Mr. Cock, in Guy's Hospital. Removal of a large and rapidly-grown tumour from the orbit. The patient was a boy, aged 9, apparently in good health. About ten months before it had been noticed, for the first time, that his left eye was protruded, and, the deformity increasing, it shortly became apparent that there was some tumour growing behind it. Six months later, a surgeon attempted to remove the latter by an incision through the mucous membrane of the upper lid. It was probable, however, that only a small part of the growth was thus removed, and no material diminution in its bulk resulted. When admitted under Mr. Cock, the eyeball was pushed forwards and outwards, and the upper lid distended. Mr. Cock made an incision the whole length of the latter a little below the border of the eyebrow, and then dissected backwards into the orbit. It was necessary to go as far back as the apex of the orbit before the posterior limits of the growth were reached. In so doing, the finger of the operator touched the optic nerve and the contiguous muscles. It appeared, however, that the whole of the tumour was at length removed. It had, perhaps, altogether, the size of a small walnut, and was inclosed in a thin cellular capsule, which divided it into lobes. It was of grayish-white glistening structure, did not readily crush into pulp on pressure, but was yet very soft. It could not be made to form an emulsion with water. Under the microscope, it showed adherent fibre-forming non-nucleated cells, and a little delicate fibrous tissue. The conclusion formed was, that it might probably prove a recurrent fibroid tumour, but did not possess any truly malignant character. The boy's progress, after the operation, was most satisfactory. The external wound healed with very slight suppuration, and the eye, which had been protruded, sank back into its place. Vision had been at first much interfered with, but it was afterwards quite regained. The levator palpebræ had of necessity been divided during the operation, since it passed through the tumour, and the only deformity which remained at the time of the boy's discharge was from some dropping of the lid. *Case* 3. At page 192 of the *Medical Times and Gazette*, for August 20, 1853, the reader may find a detailed report of a case of "fibroid recurrent" tumour. The subject of it, a young woman, aged 21, has since submitted to three successive operations, under the care of Mr. Cock, in Guy's Hospital, one of which has been performed during the last month. She retains fair health, and the lymphatic glands have never been affected. The tendency to local reproduction is, however, most obstinate, and in spite of the freest excisions she has rarely been without the growth for more than a month or two at a time. It has always appeared on precisely the same spot, springing from the fascia of the thigh. *Case* 4. This case is almost the counterpart of the preceding, excepting that the patient is a man, and the site of the disease the outer side of the knee-joint. The man's age is 24; he has the appearance of good health, and is a patient in St. Bartholomew's Hospital, under the care of Mr. Paget. At various periods between 1851 and the present time he has, at the hands of Messrs. Skey, Stanley, and Paget, submitted to four excisions, in each of which the greatest care has been exercised to remove the whole. On the last occasion it had attained the size of a fist, and hung by a thick pedicle. Mr. Paget dissected away the skin around its base freely. It was found to spring from the subcutaneous fascia. The wound is fast healing. *Case* 5. By Mr. Cock, in Guy's Hospital, excision of a large ill-defined tumour from the outer part of the thigh of a child aged two years. The growth was of congenital origin, but having increased in size, threatened to become inconvenient, and the excision was accordingly determined on. It was found to merge into the surrounding cellular tissue and fat so gradually that no boundaries could be found. It consisted of a firm fibrous tissue arranged in bands, containing numerous cysts, and inclosing much firm granular fat. The cysts were elongated in shape, and often communicated with each other. It was conjectured to be a nævus which had undergone intra-uterine degeneration. The mass removed was about the size of half a fist, and the wound made was necessarily large. Some sloughing of the wound, and great swelling of the whole thigh, followed; but it afterwards passed off, and the child is now recovered. *Case* 6. Excision of a fatty tumour from the abdominal walls, by Walton, in St. Mary's Hospital. The frigorific mixture had been applied, but failed almost wholly. The wound did not heal well. *Case* 7. Excision of a fatty tumour from the thigh, by Mr. Critchett, in the London Hospital. This case and the preceding one are noticed at page 342, of the *Medical Times and Gazette*, for September 30. *Case* 8. By Mr. Thompson, in the Marylebone Infirmary, excision of an encysted tumour, the size of a goose-egg, from the labium of a woman. The tumour had projected into the vagina, and was closely adherent to the rectum. It contained a thick fluid, not fetid, and which showed, under the microscope, abundance of fatty matter, and plates of cholesterine. *Case* 9. By Mr. Lane, in St. Mary's Hospital, excision of a fatty tumour from beneath the clavicle of a girl, aged 18. Recovered. *Case* 10. By Mr. Coulson, in St. Mary's Hospital, excision of a fibrous tumour the size of a pigeon's egg from the breast of a woman, aged 25. Recovered. *Case* 11. By Mr. Solly, in St. Thomas's Hospital, excision of the breast on account of a lobular hypertrophic growth. There were also several enlarged glands in the breast. The whole organ was removed. The patient has since suffered much from erysipelas and diarrhœa, and her recovery is very doubtful. *Case* 12. By Mr. Pollock, in St. George's Hospital, excision of a congenital sebaceous tumour on the face of a boy, aged 17. Recovered. *Case* 13. By Mr. Ward, in the London Hospital, removal of a large tumour of doubtfully fibrous nature connected with the vomer and the nasal bones. The patient was a man, aged 58. Twenty years ago he had had a polypus extracted from the left nostril; not many years after which he became aware that there was something growing high up in the nose. Three years and a half ago a surgeon in the country removed, by external incisions, a tumour which had projected over the left nasal bone. The patient himself did not think that the whole was removed—at any rate, very shortly afterwards, it began to increase again. When admitted under Mr. Ward's care, some rounded, very hard masses had pushed out the nasal bones, and projected considerably in front of the level of the forehead. Growths of a similar nature could be seen in the left nostril, and it was doubtful how far backwards and upwards the growth extended. Several rather profuse oozings of blood had occurred, by which the man's appearance had been rendered very anæmic, but otherwise there were no indications of malignancy. After much consultation, Mr. Ward determined to attempt its removal. The operation consisted in dissecting up the integument of the whole nose, and the cutting away part of the vomer, the nasal cartilage, both nasal bones high up, and part of the nasal process of the left upper maxilla. The tumour was found to have no adhesions posteriorly, and, after the bones had been divided, was got away whole and without much difficulty. It consisted of several rounded lobes joined together, and its section showed a whitish and fibrous-looking surface. The man did remarkably well after the operation, but a very small portion of the integument sloughed, and there was hope that, notwithstanding the great disadvantages, he might save a very respectable nose. On the twelfth day, however, he suddenly was taken ill, and died. The *post mortem* showed pneumonia of the right lung, and a large quantity of muco-purulent matter in the trachea and bronchi. *Case* 14. By Mr. Adams, in the London Hospital, excision of a fatty tumour from the back of a woman. Recovered.

Cysts in the Upper Jaw.—Case 1. A young woman, aged 18, admitted into Guy's Hospital, under the care of Mr. Cock, having for some time suffered from a painful swelling of the gum of the left side of the upper jaw over the incisor teeth. An incision had been made into it by a surgeon who had previously seen her, and a portion of gum removed, but without benefit. It was found that the permanent lateral incisor tooth of that side had not appeared, and that its position was still occupied by a small deciduous one. Mr. Cock's diagnosis was that the tumour was probably connected with some malposition of the permanent tooth. Mr. Salter, the dentist to the hospital, saw the patient, and extracted the deciduous tooth, which was found firmly fixed, and its fangs unabsorbed. No further information as to the nature of the swelling in the jaw was gained by this measure. Mr. Cock determined accordingly to open the swelling and examine. This was done by means of small bone forceps, by which, after the gum had been detached, a portion of the anterior part of the jaw, just above the alveolar process, was cut away. A cavity of irregular shape, and about capable of containing a large marble, was laid open, and, after some search, the wanting tooth was found at its further extremity. The tooth was a large, fully-formed permanent incisor, beautifully white, and complete in every respect, excepting that its fang terminated abruptly in a rounded end at about its middle. The wound was left to heal by granulations, which it rapidly did without any inconvenience. It is intended, by the aid of the dentist, to have the tooth fixed in the position it should have occupied. *Case* 2. A girl, aged 14, under the care of Mr. Hilton, in Guy's Hospital, on account of a large prominent swelling of the left upper maxilla. Mr. Hilton diagnosed a cyst either in or connected with the antrum. The operation consisted in dissecting up the gum and soft parts, and then, with a strong pair of scissors, opening the front wall of the swelling, which consisted of thin and expanded bone. Nearly two ounces of thick, glairy fluid escaped. Some lint was afterwards introduced into the wound. After some slight suppuration, during which a lotion of the sulphate of zinc was used as an injection, the cavity filled by granulation, and the wound closed. The cure was complete, and all deformity of the cheek subsequently disappeared.

Puncture of the Bladder.—A man, aged 33, was admitted, in a state of intoxication, into Guy's Hospital, under the care of Mr. Hilton, suffering from complete retention of urine. Although the condition was believed to be spasmodic only, and was stated to have lasted but seven hours, yet the bladder was greatly distended, and the symptoms urgent. Attempts at catheterism had been made before his admission without any success. It appeared that undue force had been used in these attempts, for Mr. Hilton, on trying the instrument, found that it passed out of the urethra, by what seemed to be a large rent, into a cavity in front of the prostate. This cavity contained fluid blood, which could be felt as a fluctuating swelling externally in the perineum. Under these circumstances, Mr. Hilton despaired of being able to introduce the catheter, and, considering that the urethra would better repair the damage it had sustained if it were freed from the irritation of the urine for a time, he determined to puncture the bladder. The operation was performed by the rectum in the usual way, and immediately relief to all urgent symptoms was afforded by it. On the third day after the puncture some urine escaped per urethram, and on the day following the instrument was accordingly withdrawn. The man has recovered without any drawback, and can pass his water in full stream. The extravasated blood in the perineum has been absorbed.

Removal of Necrosed Bone.—Several operations of this class have been performed, mostly with good success. In one, under the care of Mr. Simon, in St. Thomas's Hospital, a very large sequestrum was removed from the humerus of a boy; and, during the operation, a fracture of the new bone took place. The case is now doing very well. A second case, under the care of Mr. Athol Johnson, in the Hospital for Sick Children, was of interest, on account of the affected bone being the malar. But little deformity followed the removal of the necrosed fragment.

Tracheotomy.—*Case* 1. A female child, aged 3 years, under care in the Middlesex Hospital for croup. The symptoms had lasted twenty-nine hours, when they became so urgent that tracheotomy was determined on. It was performed by Mr. Moore. Death from the original disease ensued in nine hours. *Case* 2. A man, aged 40, who had on previous occasions been frequently an hospital inmate on account of extensive syphilitic disease of the pharynx and palate, was brought into the London Hospital all but dead from laryngeal obstruction. Mr. Thornhill, the house-surgeon in charge, at once performed tracheotomy, and afterwards resorted to artificial respiration. The latter aid had to be continued for nearly three-quarters of an hour before the man recovered. He did, however, ultimately rally, and was sufficiently restored to be able to write on a slate, "I feel all right now." The instrument used had been Dr. Marshall Hall's tracheotome, and, during the urgent symptoms, it had been left in the wound. The operator now attempted to substitute for it a canula, and to withdraw the blades; in doing so, however, hemorrhage was caused, probably from wound of part of the thyroid body; the blood flowed into the trachea, and almost immediate death ensued. *Case*

3. By Mr. James Lane, on a patient under the care of Dr. Chambers, in St. Mary's Hospital. Symptoms of laryngeal obstruction connected with chronic inflammation had become urgent. The operation was quite successful. The wound was afterwards allowed to close; and, about a month later, it became necessary to again operate, on account of very urgent dyspnœa. The second operation was performed by the house-surgeon, Mr. Ormerod, who selected a part a little below the original wound. The man is now doing well.

Operations for Extravasation of Urine.—*Case* 1. A man, aged 31, was admitted into the Middlesex Hospital, under the care of Mr. Henry, suffering from retention of urine and extravasation into the perineum and scrotum, the results of a permanent stricture. Mr. Henry made very free incisions into the affected parts, and also divided the stricture of the urethra. Profuse suppuration and much sloughing of the parts followed, and the patient died of exhaustion on the twentieth day. *Case* 2. A man, aged 45, admitted into St. Mary's Hospital, suffering from extravasation of urine into the perineum. He was extremely ill, and the account given was that for long he had been the subject of permanent stricture. Mr. Smith passed a staff down the urethra as far as the spot where the rupture had taken place, and then cut down upon it. A very large abscess was opened, by which the membranous urethra had been quite surrounded. The man improved after the operation, and the next morning was much better. In the evening of the following day a profuse attack of secondary hemorrhage took place, and caused almost immediate death.

Ligature, etc., of Nævus.—These operations have been successfully performed in several cases. Three cases were under the care of Mr. Athol Johnson, in the Hospital for Sick Children, and in one of them the operation by subcutaneous ligature had been previously performed at another hospital. The disease was on the scalp, and was partly cutaneous and partly subcutaneous. It was about the size of a sixpence. Mr. Johnson tied it by means of needles passed through its base, and surrounded by a ligature.

Plastic Operations. For Closing of an Opening in the Urethra.—A boy, aged 9, was admitted into St. Mary's Hospital, under the care of Mr. Lane, on account of an aperture in the floor of the urethra, about half an inch long, and commencing just in front of the scrotum. The condition had resulted from an accidental laceration of the part. Mr. Lane pared the margins of the opening, and brought their edges together by numerous interrupted sutures, uniting first the mucous membrane, and afterwards the skin. A flexible catheter was retained in the urethra. Union, excepting at one spot, resulted. There now remains a small round hole, for the closure of which, we believe, Mr. Lane contemplates a second operation.

For Vesico-Vaginal Fistula.—Mr. Baker Brown has operated, in St. Mary's Hospital, for this condition, on a woman who had previously been several times submitted to similar procedures with much benefit, but without complete cure. The last operation consisted in paring the edges of the aperture, making lateral incisions to prevent tension, and then uniting the margins of the hole by sutures. Sloughing of the mucous membrane followed, and no benefit was obtained.

For Vaginal Rectocele.—In a case of this kind, of severe character, Mr. B. Brown performed his usual operation for diminishing the size of the vagina, with very good results.—*Med. Times and Gaz.* Oct. 21, 1854.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Death from Chloroform. By G. Huff, M. D., of Lexington, Ky.—A married lady, 33 years of age, very tall, with auburn hair, and of a nervous temperament, with very large anterior cranial development, and a powerful intellect (she had studied law, medicine, and divinity), who was suffering with neuralgic pains in the lumbar region a short time since, desired me to administer chloroform to her, in order to mitigate the pain. I positively refused to do so, and informed her that her nervous system was too weak to take it with safety. The following day she was said to have suffered more, and, as I was informed, most excruciatingly; and her friends administered chloroform at intervals for twelve hours before I saw her again. When next seen, she appeared as if just aroused from a chloroform stupor;

she had a very fine pulse, indeed I could scarcely detect any. I inquired if she had not inhaled chloroform; and the reply was in the affirmative. I informed her friends that she must have *no more.* She, in a very imploring manner, desired me to let her have some. I never saw a bacchanalian more solicitous for his cups, than this lady was for chloroform. At this juncture, I applied galvanism in order to excite circulation; and in fact I was obliged to increase the current to a very high tension before I could excite sensation. After it was partially restored, I discontinued its use, and she slept one hour, as I supposed, naturally. She then aroused, and again plead for chloroform. Her pulse continued the same (very fine); after a short time she was taken with coma, which continued for two hours; at the end of which time she aroused, apparently in great distress, and continued in that condition two hours. The power of voluntary motion and sensation appeared now to be gone; but the pulmonary branches of the *par vagum* continued to excite, through the medulla oblongata, the involuntary movements of the thorax; and as the cranio-spinal axis became involved, and reflex power ceased, breathing ceased, and, of course, life became extinct, at the end of twelve hours from the time I found her under the influence of chloroform, and twenty-four hours from the time it was first administered. I am of opinion that if the application of electricity had been persevered in, she would have recovered from the effects of chloroform.—*New York Medical Times*, Oct. 1854.

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Improved Stethoscope.—Dr. CAMMAN, of New York, has invented a new stethoscope, which intensifies, to an extraordinary degree, every sound heard in auscultation. This intensity is produced by both ears of the observer being acted upon at once, and the ear-pieces of the instrument fitting tightly into the meatus of both ears, all external sounds are more thoroughly cut off, and the mind of the auscultator is thus forcibly drawn to the phenomena taking place within the thorax.—*Ibid.* Dec. 1854.

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American Medical Association.—The eighth annual meeting of the American Medical Association will be held in the city of Philadelphia, on Tuesday, May 1, 1855.

The secretaries of all societies, and other bodies entitled to representation in the Association, are requested to forward to the undersigned correct lists of their respective delegations *as soon as they may be appointed;* and it is *earnestly* desired by the Committee of Arrangements that the appointments be made at as early a period as possible.

The following are extracts from Article Second of the Constitution:—

"Each local society shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half of this number. The Faculty of every regularly constituted medical college or chartered school of medicine, shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital, containing a hundred patients or more, shall have the privilege of sending two delegates, and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate.

"Delegates representing the medical staffs of the United States Army and Navy shall be appointed by the chiefs of army and navy medical bureaux. The number of delegates so appointed, shall be four from the army medical officers, and an equal number from the navy medical officers."

FRANCIS WEST, M.D.,
352 *Chestnut Street, Philad.,*
One of the Secretaries.

The medical press of the United States is respectfully requested to copy the foregoing.

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American Medical Association. Prize Essays.—At the meeting of the American Medical Association, held in St. Louis (Mo.), in May last, the undersigned were appointed a committee to receive and examine such voluntary communications on subjects connected with medical science as individuals might see fit to make, and to award two prizes, of one hundred dollars each, to the authors of the two best essays. Notice is hereby given, that all such communications must be sent, post-paid, on or before the first day of April, 1855, to R. La Roche, M.D., Philadelphia. Each communication must be accompanied by a sealed packet, containing the name of the author, which will not be opened unless the accompanying communication be deemed worthy of a prize. Unsuccessful papers will be returned on application to the Committee, at any time after the first day of June, 1855; and the successful ones, it is understood, will be published in the *Transactions* of the Association.

R. La Roche, Phila.,
Chairman.

Isaac Hays,	G. W. Norris,
Alfred Stille,	Joseph Carson,
J. B. Biddle,	Joseph Leidy.

Philadelphia, Jan. 1855.

Boylston Prizes.—The Boylston prizes, for 1854, of sixty dollars each, have been awarded to Silas Durkee, M. D., of Boston, for the best dissertation "on the Constitutional Treatment of Syphilis," and to Geo. H. Lyman, M.D., "On the Non-Malignant Diseases of the Uterus." Question for 1855 is, "On the Diagnosis of the Diseases of the Urinary Organs;" and for 1856, 1. "The Nature and Treatment of Asiatic Cholera;" 2. "The Nature and Treatment of Aneurism by Anastomosis."

Obituary Record.—It is with profound regret that we announce the death of Dr. Samuel Parkman, of Boston, for a number of years Demonstrator of Anatomy in Harvard University, and one of the Surgeons to the Massachusetts General Hospital. Dr. P. was a very skilful and accomplished surgeon, and a gentleman of the highest character, much esteemed by all who knew him. He fell a victim to typhoid fever, on the 15th of December, 1854.

FOREIGN INTELLIGENCE.

Death from Chloroform at Guy's Hospital.—Another death from chloroform occurred at Guy's Hospital, on the 5th of December last. The patient was a woman, aged 56, who had a malignant ulcer on the left leg, the extreme pain of which induced Mr. Birkett, and the other surgeons, to advise amputation. There were ulcers on both legs; those on the right being of simple character, and the ones on the left having only assumed a cancerous nature about a year ago. In each eye was a fairly-marked arcus senilis, but the woman was not known to have suffered any symptoms referable to thoracic disease. She had, it is believed, never before taken chloroform. The amputation having been decided upon, she was placed on the operating table at about a quarter past one on Tuesday morning, in order to its performance. The administration of the anæsthetic was conducted by Mr. Bryant, the inhaler used consisting of a fold of lint, rather larger than an out-spread hand, and protected on its back by a piece of oiled silk to prevent wasteful evaporation. This plan is the one which is ordinarily used at this hospital—no towel is thrown over the patient's face, and the lint is held at a greater or less distance from the nose, according to the effect produced, being never quite close. In the first instance, about a drachm of the fluid was poured upon the lint. The patient inhaled it kindly; and, after about two minutes, another drachm was added. A stage of excitement now followed, during which the limbs required to be held. Insensibility was just fully established, and Mr. Birkett was on the point of commencing the operation, when Mr. Callaway, who was compressing the femoral artery, exclaimed that the pulse had suddenly ceased entirely. The wrist was examined, and the same found to be the case. Almost immediately afterwards, a long-drawn inspiration, attended with a deep sighing noise, was observed. For two or three breaths the cheeks puffed out during expiration; the respiration next fluttered, and then ceased. Mr. Birkett at once put his finger into the patient's mouth, and drew forward the tongue, artificial respiration being meanwhile commenced by assistants by means of compression of the chest. A few slight inspirations were attempted by the patient subsequent to the commencement of the artificial assistance; but they did not continue, and no sign of vitality was ever afterwards shown. The means of resuscitation adopted, consisted in the application of the galvanic current, the dashing of the chest with cold water, and the continued use of artificial respiration. Ten minutes at least, had probably elapsed before galvanism was resorted to. The whole period during which the above means were persisted with, was perhaps about half an hour.

It must be noted, that the woman had been very pale, both before and throughout the exhibition, and that no change in her appearance was perceived when the alarming symptoms occurred, excepting that the superficial veins of the neck and temple became distended with blood. The cessation of the pulse was most sudden. Mr. Callaway stated, that it was not preceded by the least premonitory fluttering, the stroke having been good one beat, and entirely wanting the next. This order of symptoms was of course suggestive of death, beginning at the heart (cardiac syncope), the cessation of the functions of the nervous system having been markedly subsequent to that of the circulation. That the death of the cerebro-spinal system (for want of blood) had followed in its usual course from above downwards, was proved by the continuance of respiratory efforts; for, a short time after that, by their puffing movements during expiration, the cheeks were shown to be paralyzed. Mr. Birkett expressed a confident opinion that the heart would be found to be fatty.

Autopsy twenty-four hours after death (conducted by Dr. Wilkes).—The corpse was much emaciated, and the *rigor mortis* imperfect. The lungs were much congested with fluid blood, which ran out after incision of their substance. The heart was of normal size, but soft and flabby; its left side was nearly empty, the right being distended with fluid blood. The left ventricle was of good thickness, its muscle of deep colour, not encroached on by fat, or in the least mottled, the only observable departure from a healthy state being its flabbiness. The right ventricular wall was very thin, the subserous fat, having in some parts almost taken the place of the muscular tissue. The layer of the latter, however, although much thinned, had still a good colour, and did not appear to the naked eye as degenerated, an observation which may apply also to the carneæ columnæ. The liver was in an early stage of cirrhosis, and the kidneys were both of them mottled, and contained numerous small cysts in the external part. The brain was rather paler than usual, its convolutions appeared shrunken and atrophied, and there was a quantity of serous fluid in the arachnoid sac and in the ventricles. There was general atheromatous disease of the arterial system, both in the head and other parts of the body. The blood was universally fluid, and of a dark colour.

From the extent of organic disease thus brought to light by the *post-mortem*, the idea naturally suggests itself, that even had the patient recovered from the chloroform, and the immediate effects of the operation, she might not improbably have sunk subsequently. As to the mode of death, the conditions discovered tend to support the conclusion arrived at from observation of its stages, with the addition of making it probable that the right side of the heart had first ceased to act. The circumstance that respiratory efforts were the latest evidence of remaining vitality, in nowise militates against such a conclusion, since it proves only the yet existent integrity of the nervous system, and has but little reference to the persistence or otherwise of the pulmonary circulation.

It should have been stated above, that the quantity of chloroform employed had not quite amounted to two drachms, and, as far as could be estimated, the time occupied in inhalation had been about three minutes. —*Med. Times and Gaz.* Dec. 9, 1854.

Death from the Inhalation of Chloroform. —Prof. Dumreicher related the following case at the meeting of the Vienna Society of Physicians, held on the 16th November, 1853. A lad, aged 19, was placed under the influence of chloroform, in order to have his anchylosed knee-joint forcibly extended. The patient was laid in the recumbent posture; and half a drachm of chloroform having been poured upon a sponge placed in a vessel resembling a snuff-box, the anæsthetic was held to his nostrils, in such a manner as to allow of free respiration by the mouth. The inhalation was continued for fifty seconds, and the patient had spoken a few seconds previously, when Professor D. observed that the pulse had become frequent and undulating. He immediately suspended the administration of the anæsthetic. Trismus occurred; the respirations became irregular; the face turned livid, and he foamed at the mouth. Insufflations of air, aspersions of cold water, compression of the thoracic walls, frictions, irritating vapours to the nostrils, and latterly the abstraction of ℥viij of blood from the external jugular vein, were all tried in vain. In a quarter of an hour he was dead, and during this space of time a feeble attempt at inspiration was once observed. The patient had been much addicted to masturbation, and had indulged in that vice shortly before the operation. On *post-mortem* examination, there was found no anomalous appearances, except some hemorrhagic erosions of the stomach. The chloroform was analyzed and found to be quite pure.—*Month. Journ. of Med. Sci.* Oct. 1854, from *Zeitsch. der Gesells. der Aertze zu Wien*, 1854.

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Chloroform in the Field of Battle.—An artillery surgeon, in a letter dated Heights of Sebastopol, Nov. 13, writes: "I hear there is a great cry against our not using chloroform; but, the more I see, the more strongly am I convinced that it is not of much value in the field; it reduces the number of medical men available for duty. It would be simply murder to leave the administration of it to any but educated hands, and seldom can you get more than one doctor to assist at an operation; for instance, I had to amputate a leg and an arm, with only my servant as an assistant; and how many others have had to operate under even more unfavourable circumstances, I cannot say, but they were many. Another reason is, that the shock of a wound which requires immediate amputation is so great, that chloroform depresses the sufferer still more. Operating in the field, and in a well-found hospital, are vastly different affairs."—*Med. Times and Gaz.* Dec. 9, 1854.

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Abuse of Chloroform in Midwifery.—Dr. Robert Lee has forwarded to us a letter from Mr. E. Parke, of West Derby, from which we select the following passages: "The profession and the fair sex owe you a deep debt of gratitude for your manly, able, and convincing paper on the subject of chloroform and its attendant dangers when administered during parturition. At one time I used to give it frequently, but latterly I have suspended it, from careful and unbiassed judgment as to its baneful results. I never had but one nearly fatal case; but in many I have had to deplore its effects; and the little amount of good derived in some cases from it, is sadly outweighed by its concomitant dangers. As you have given seventeen cases, I think every medical man is in duty bound to assist you in putting down its indiscriminate use in midwifery, and entering his most serious protest against it. In the year 1849, Mrs. M. engaged me to attend her in her third confinement, and having suffered rather seriously in her previous ones, she begged of me to administer chloroform. It was a case of twins, and when the first was born she felt exhausted and fatigued, and finding the arm of the second child was presenting, and turning would be necessary, I thought it probably might be of service. I avoided carrying it to insensibility, and she was perfectly conscious of all that passed during the operation; and when over, expressed herself most grateful for the blessing of chloroform. She had scarcely given vent to her feelings, when she complained of a violent pain in her head, became delirious, tore the nurse's gown and the bed-curtains into pieces, and was perfectly maniacal. Flooding came on to a fearful extent, and incessant sickness. I managed to extract the placenta, and owing to the feeble contraction of the uterus (and this latter condition I am confident it often produces), I was kept grasping it for four or five hours. The vomiting continued eight hours without intermission, the headache remained for weeks, and her recovery was very protracted, far more so than on former occasions."—*Med. T. and Gaz.* Dec. 2, 1854.

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Medical News from the Army and Navy in the East.—The ambulance corps has been a failure. The debauched old pensioners, of whom it was mainly composed, were swept away by the cholera at Varna. The carriages even were not in the field at Alma; the wounded had to be carried to the beach, a distance of two miles and a half, on stretchers, or mostly on such temporary contrivances as seamen's hammocks slung on oars. One thousand seamen were employed for three successive days in carrying the wounded to the beach. All the disengaged medical officers of the fleet were likewise employed in whatever way they could make themselves useful; and yet a great number of the amputations were secondary; indeed, many capital operations remained to be performed on board the transports in the voyage down to Scutari. Only one army officer was detached to accompany the more than 2,000 wounded and sick sent to Constantinople after Alma. The naval men went with them cheerfully, and laboured night and day for the poor fellows. Yet Lord Raglan, in his dispatch, mentions only the services of the executive officers and seamen. There is not a word said in that or any subsequent dispatch of poor Mackenzie even, who, having accompanied the army as an amateur, laboured hard after Alma, performing brilliantly many most important operations on the field. A few days after Alma, he died of choleraic diarrhœa, brought on by fatigue, hardship, and privation. But, if the "commander of the forces" has been unmindful of these professional services to his army, the brave wounded men of the battle of Alma, both officers and privates, have not been ungrateful. They have been loud in their expression of thanks to the medical officers of the navy. That old war-surgeon, Guthrie, has always contended that there is no hemorrhage from gunshot wounds. Alma has borne him out. Some of the wounded were not brought in till the third day; yet I heard of no deaths from loss of blood. There was no instance, I believe, of any immediate serious bleeding from any of the wounds at Alma. There is still a perfect delusion about hemorrhage from gunshot wounds in the navy. No sooner is a man wounded, however slightly I would say, in any of the extremities, than the limb is immediately strangulated by a rude contrivance called a temporary tourniquet—of which there are hundreds distributed about the "quarters" in all ships. No great harm is done, as, fortunately, medical assistance is always at hand in men-of-war. Not long ago, a marine, in one of the ships in this fleet, having cut his throat, and the circumstance being reported to the mate of the watch, his first expedient was to call for a tourniquet! * * * * * * There is much less cholera now among the troops, but diarrhœa still prevails greatly. It will appear by and by, when the public, having recovered their sober peace senses, and can be brought to listen to the dark side of the war, it will appear, that in point of sickness and mortality, this has been one of the most disastrous campaigns on record; 10,000 men have disappeared from the ranks since the army landed in the Crimea. Many of them are only sick, it is true, and will soon again appear on the scene. The Russians, the poor soldiers say universally, are nothing to the cholera and diarrhœa. The next thing will be scorbutic dysentery, for they have been since they landed almost constantly on salt provisions; and there are no prospects of better fare, while also the cold wet weather will now soon set in. In the affair of the ships against the batteries on the 17th, the wounds were principally from fragments of shells. In naval actions, in the present day, "we are all rowing in the same boat." The surgeon of the Albion was wounded in the cockpit. Some of the men in the same ship wounded first at their guns, were a second time wounded in the cockpit, where they had been carried for shelter and medical attendance. * * * —*Med. Times and Gaz.* Nov. 18, 1854.

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Letter to the Minister of War from Dr. Michel Levy, Chief Physician to the Army in the East:—

"Under Sebastopol, *Oct.* 27.

"M. Le Marechal: The siege is proceeding with vigour. The daily number of wounded, however, is not considerable. It varies from 16 to 22, and the killed from 6 to 8. From the opening of the siege to the 23d of October, the total number of wounded, including cases of mere contusions and slight wounds, which constitute the majority, amounts to 718, and that of killed to 98. On the 25th, 320 sick were embarked for Constantinople, and there remain at present 1,008 sick in the ambulances. Of these 137 only are wounded. Thus the duties of the medical department are more arduous under the fire of the batteries of Sebastopol than those of the surgical department. I visited, in detail, all the sick, and have ascertained—1st. That one-third only are seriously ill; 2d. That the two other thirds are in a debilitated state, but certain of recovery. The General-in-Chief has ordered measures necessary to improve as much as possible the position of our sick. The Turkish wounded are attended in our ambulances. I visit as often as possible the ambulance in the trenches. It is placed under the care of the different surgeons of the army ambulances, who relieve each other daily. This service, which is not without danger, is a post of honour, and a practical school of military surgery. Our wounded, and those who have undergone operations, continue to furnish a remarkable proportion of cures; thanks to the care taken of them, and the skill of their operators, the most distinguished of whom are Messrs. Scrive, Thomas, Marmy, Gœury, Secourgeon, Perier, Bourguilon, Colmant, etc. No army ever received medical and surgical assistance more prompt, more methodical, more complete, or more assiduous. Under the walls of Sebastopol and at Constantinople, we have a number of talented practitioners vying with each other in skill for the benefit of our sick and wounded.

The ambulances, installed on the table-land above Sebastopol, amid the roaring of the artillery, exhibit, by their regularity and excellent organization, the best specimens of those temporary establishments. Not a single case of cholera or lock-jaw has manifested itself of late among the wounded. The internal diseases are chiefly diarrhœa, dysentery, devoid of intensity, light intermitting fevers and gastric fevers, some of which are accompanied by cerebral congestion. The cold of the nights produced a few cases of bronchitis. The fleet reckons between 500 and 600 scorbutic patients, of whom the most seriously attacked have been landed. The army is completely free from that affection, and the daily distribution of fresh bread, and the very frequent distribution of fresh meat, preclude the possibility of its manifestation. The *morale* of the army is also a protection against it. Notwithstanding the toils attending the duties in the trenches, and certain privations, the soldiers continue in high spirits. The General-in-Chief is constantly among them, seeing after their wants, and the certainty of an approaching triumph is another element of hygienic preservation."—*Ibid.*

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The latest News from the Army in the Crimea.—The following extracts, from a letter written by a surgeon of the Guards, dated Camp before Sebastopol, November 12, will be read with interest:—

"The day before the battle [of the 5th Nov.] was a most miserable specimen of the Crimean winter—cold, damp, and rainy; a thick fog prevailing, and obstructing the view of the surrounding hills. I had, luckily, on that morning sent away to Scutari several sick men, upon whom it was evident no treatment in our situation could be of any avail. This is what we continually have an opportunity of doing as ships arrive, and it is a great boon to the patient, as well as being advantageous in results to the medical officer, who in these times must have great responsibility on his mind.

"At six o'clock, on the morning of the 5th, I was outside my tent, about to visit the sick, who at that time numbered thirty-nine. The fog was so dense and heavy that I could scarcely discern any object fifty yards in front of me. There was some little firing of musketry towards the hill overlooking the encampment of the 2d Division, but not very rapid; and, as it is no unusual occurrence for the outposts to exchange a few shots, I did not think much of it, but paid the usual morning visits, and signed the reports. At this time, however, it was quite evident that something more than ordinary was about to occur. I took a bit of biscuit, and immediately mounted my horse, and, giving directions that the usual preparations might be made for the reception of the wounded, rode off to the battalion, which was encamped about 500 yards distant, and where my assistant had pitched his tent. The firing was now most severe, and the shells were bursting ahead of us in every possible direction about 250 yards in advance. I came upon some of the tents of the 2d Division, and here I first saw some wounded men of that division being carried to the rear, and could see in front of me still some Guardsmen carried on stretchers, to whom I at once advanced. We were now in the midst of the encampment, and I had directed that two of our poor wounded soldiers should be laid down under cover of one of the large hospital marquees until one of the ambulance wagons of our division, which I saw advancing, should arrive. Here, also, was Dr. Robinson, of the Fusileer Guards, attending to the more pressing wants of some men of his regiment. The ambulance wagon arrived, and we had filled it with the wounded of the brigade. My assistant, Dr. Ricketts, was in front, superintending the transport of some more wounded men to my position. The whiz of the shot and explosion of shell were at this moment incessant. While in the act of turning round to remount my horse, a shot passed through the leg of my trousers, and when in the act of remounting, a round shot came through the tent, and at the same instant my poor horse fell, having been shot through the head, his brains sprinkling my face. This, however, was not all. One of our poor soldiers had just shown me his hand, which was smashed, and, having directed him to make the best of his way to my field hospital, he was in the act of picking up his piece to do so, when, at the same time that my horse fell, I heard him cry out and saw him fall by my side, shot through the body. I hear, also, that several sick men were killed by the explosion of shells, while lying in the hospital tents. I now walked back to see how many wounded had arrived at the field hospital; but, as no very serious cases had yet appeared, I went across to our general's tent, who had been wounded in the arm. A servant then came, desiring that I would go to Lord Charles Fitzroy, whom I found badly wounded through the neck; but, on my way thither, I met poor Captain Ramsden, being carried on a stretcher; he was evidently most dangerously wounded, and I had both of them taken to my tent, that I might be able to visit them occasionally with greater facility during the day. Poor Ramsden only lived for an hour; he was mortally wounded through the chest; but, independently of his death-wound, he had received no less than six bayonet wounds in different parts of the body, while lying helplessly wounded on the ground, and imploring the advancing enemy to leave him. Never shall I forget his countenance as he grasped my hand, and pointing to his wounds, told me at intervals of the barbarous and cruel treatment he had received. The wounded were now fast arriving, and, having abundance of assistance from medical officers of other regiments, who had kindly volunteered their services, we commenced their treatment.

"The wonderful patience and endurance of suffering I witnessed on this occasion were beyond anything I could have conceived possible; and surely the heartfelt thanks of the poor soldier, conscious of a benefit conferred upon him, must be a very grateful reward for the attempt to perform one's duty conscientiously. Our wounded were all transported to Balaklava, for conveyance to Scutari, as soon as possible, and when I tell you the number of wounded in this battalion alone, it will appear incredible how much could be done in so short a time.

"I inclose you my return of casualties in action:—

	Killed.	Wounded.			Total.
		Dangerously.	Severely.	Slightly.	
Officers	4	4	5	—	9
Non-com. officers . .	5	—	5	6	11
Privates	57	23	29	55	107
Total all ranks . .	66	27	39	61	127

"You will be interested, also, to know that eighteen operations were performed in my field-hospital, of which number one only was successful; but this, I deeply regret to add, was upon the person of a brother-officer. There was abundance of assistance at hand; and, after superintending the transport of all my own wounded by the ambulance wagons, I was glad of a slight respite, after more than forty-eight hours' anxious work. The next day I accompanied two wounded officers to the harbour, for conveyance to Scutari, and on my return reverted to the usual routine duty, as if no stirring events had happened. One curious and remarkable result of this last action was, the very few balls I had to extract; owing to the close proximity of the combatants, they generally penetrated both sides of the limb or body, which was very different at Alma."—*Ibid.* Dec. 9, 1854.

Triplets.—At Berja, in Spain, a primipara gave birth to three infants, having each distinct membranes, and placentas separate. This fact may be interesting in regard to the theory of superfœtation.

Cholera at Athens.—Cholera has broken out at Athens, and caused the greatest panic. A considerable part of the population has fled, and the Minister of War has been obliged to place on the retired list a number of officers who, on the first appearance of the malady, quitted their posts.

Medical Appointments in Paris.—M. Jobert has been elected to the Chair of Clinical Surgery of the Faculty of Medicine of Paris, vacant by the death of M. Roux. There were nine candidates for the chair.

M. Claude Bernard has been elected a member of the Academy of Sciences, in the place of the late M. Roux.

M. Xavier Richard, at the close of a brilliant *concours*, has been nominated Physician of the Central Bureau of Hospitals.

University of Edinburgh.—It is stated in the journals, that the number of medical students the present year, in this ancient school, is only 340.

Obituary Record.—We find recorded, with deep regret, in our late journals, the death of Professor Edward Forbes, which took place on the 18th of November, in the thirty-ninth year of his age. Prof. F. was well known by his valuable contributions to natural science, and had only recently been appointed to the chair of Natural History in the University of Edinburgh, as the successor of the late Prof. Jamieson.

THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

Statistical Report of the Principal Operations performed in the London Hospitals during the month of October, 1854.

Lithotomy.—In *Case* 4, of last month's report, a fair recovery has since resulted. The man has left the Hospital, but the wound is not quite healed. He is the subject of phthisis.

Number of cases, 3; recovered, 3.

Case 1. A boy, aged 5, in fair health, under the care of Mr. Marshall, in University College Hospital. The operation was the usual one, but some little difficulty was encountered in entering the bladder. By a second incision, however, it was satisfactorily accomplished, and a moderately-sized stone removed. The patient recovered without a bad symptom. *Case* 2. A boy, aged 3, in good health. The usual lateral operation was performed, Blizard's knife being used for the incision of the prostate. A small, very light stone was removed, and nothing unusual occurred until the following day, when a small portion of fecal matter escaped by the wound, and made it evident that the rectum had been injured. During the three succeeding days, feces in large quantities passed by the wound; the latter however, kept throughout a healthy appearance, and the boy's health was good. The fecal discharge ceased on the fifth day, and the wound did not take more than the ordinary time in closing. The ultimate recovery appeared to be complete in every respect. The operator inclined to attribute the injury of the bowel to the staff not having been kept hooked up sufficiently close under the arch of the pubes. A second point of interest was the difficulty which had been experienced before the operation in detecting the stone. Several had been inclined to suspect that there was only a thickened condition of the vesical mucous membrane, with adherent sand. The small size and very light specific gravity of the calculus fully accounted for this obscurity.

Published monthly by BLANCHARD & LEA, Philadelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage to the subscriber.*

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Case 3. A boy, aged 6, in good health, under the care of Mr. Cock, in Guy's Hospital. The usual operation was performed, and recovery without a bad symptom ensued.

Lithotrity.—The case under the care of Mr. Adams in the London Hospital, and mentioned last month as recovered, has again come under treatment. A week or two after his discharge, the man voided a fragment the size of a hazel-nut; and Mr. Adams has since detected the presence of other portions. It is intended to repeat the operation.

Herniotomy.—Number of cases, 16; recovered, 8; under treatment, 1; died, 7.

Case 1. A woman, aged 34, under the care of Mr. Coote, in St. Bartholomew's Hospital; hernia femoral, strangulated thirty-six hours; sac opened. Some suppuration in and about the sac followed, but the patient made a good recovery. *Case* 2. A man, aged 70, under the care of Mr. Stanley, in St. Bartholomew's Hospital; hernia femoral, strangulation twelve hours; sac not opened. Death followed on the eighth day. At the autopsy, there were found evidences of peritonitis; suppuration both in and around the sac had occurred, and the pus extended between the abdominal muscles as high as the umbilicus. *Case* 3. A woman, aged 76, under the care of Mr. Paget, in St. Bartholomew's Hospital; hernia femoral, as large as a small apple, strangulated sixteen hours; sac not opened. Recovery without a bad symptom ensued *Case* 4. A man, aged 45, under the care of Mr. Tatum, in St. George's Hospital; hernia scrotal, strangulated twelve hours; sac opened. Death from peritonitis on the fourth day. At the autopsy, besides the evidences of peritonitis, there were found an abscess in the structure of the cord and diffuse inflammation of the cellular tissue of the scrotum. *Case* 5. A man, aged 45, under the care of Mr. Prescott Hewett, in St. George's Hospital; hernia scrotal, period of strangulation not known exactly, but of several days; sac opened. The strangulation was found to have been caused by recent bands of adhesion in the sac. The gut down was large intestine, and so adherent that reduction could not be attempted. The neck of the sac, having been freely divided, it was accordingly left *in situ*. A week after the operation, fecal discharge from the wound occurred, and lasted subsequently for eight days; after which it ceased for a day or two. During a slight attack of erysipelas, however, the artificial anus reopened, and has since continued to discharge. The patient is doing fairly. *Case* 6. A man, aged 55, under the care of Mr. Johnson, in St. George's Hospital; hernia inguinal, strangulated seven hours; sac opened. Death from peritonitis followed on the third day. *Case* 7. A man, of middle age, under the care of Mr. Luke, in the London Hospital; hernia femoral; sac not opened. Recovered. *Case* 8. A man, aged 55, under the care of Mr. Ward, in the London Hospital; hernia femoral, strangulated twenty-eight hours; sac not opened. The patient in this case was the subject of advanced phthisis, and the protrusion had been caused by severe coughing. In the operation a very small incision of the integument was made on the inner side of the sac, and the stricture divided with a *bistouri caché*. Afterwards, erysipelas spread from the wound over the whole side of the trunk, and an attack of broncho-pneumonia occurred. From the combined effect of these maladies the patient sank on the fifth day. At the *post-mortem*, besides the tuberculous mischief, evidences of recent inflammation were found; the portion of bowel which had been strangulated was still deeply congested, but there were no traces of peritonitis. *Case* 9. A woman, aged 39, under the care of Mr. Cock; hernia femoral; strangulated nine hours; sac opened. Recovered. Mr. Cock's rule is to avoid opening the sac where practicable; in the present instance he deviated from it, because there was reason to expect very close adhesions of the sac to the surrounding tissues. The patient had been operated on two years previously on the same side, and she had for many years worn a truss over the part. *Case* 10. A man, aged 27, under the care of Mr. Tatum, in St. George's Hospital; hernia scrotal; strangulated eight hours; sac opened. The hernia was of a large size, and fifteen inches of gut were exposed in the operation. Recovered well. *Case* 11. A man, aged 39, under the care of Mr. Le Gros Clarke, in St. Thomas's Hospital; hernia scrotal, and of large size; strangulated fourteen hours; sac opened. The seat of stricture was the neck of the sac itself. The case was complicated by hydrocele of the same side. The man recovered without bad symptoms.

Case 12. A man, aged 24, under the care of Mr. Le Gros Clarke, in St. Thomas's Hospital, hernia scrotal; strangulated ten hours; sac opened. As in the preceding case, the seat of stricture was the neck of the sac itself. The after-treatment was complicated by great flatulent distension of the bowels, which persisted in spite of treatment for several days. Recovered. *Case* 13. A woman, aged 70, under the care of Mr. Quain, in University College Hospital; hernia femoral; strangulated twenty hours; sac not opened; recovered. *Case* 14. A woman, aged 40; hernia femoral; strangulated fifty hours; sac opened. The intestine being gangrenous in spots, was only partially returned. On the next day it was slit up, and a tube introduced to evacuate the feces. No action of the bowels occurred per anum. Death took place on the fourth day. At the *post-mortem* much blood was found in the abdominal cavity, and on dissection it was discovered that the obturator artery, given off from the epigastric, had crossed the neck of the sac, and had been divided in the operation. No external bleeding had at first occurred. *Case* 15. A man, aged 48, the subject of old-standing inguinal hernia, was an inmate of the Westminster Hospital, under the care of Mr. Holt, on account of a fracture of the skull. He had been about a week under treatment, and was doing well, when suddenly his hernia came down, and got so tightly strangulated that reduction by taxis could not be effected. Ten hours after the strangulation the operation was performed; the sac was opened; death from peritonitis ensued on the fourth day. *Case* 16. In this case the operation amounted only to an exploration, as no bowel was found in the sac. A man, aged 40, the subject of congenital hernia on the right side, was admitted at 4 P. M., on October 8, into Guy's Hospital, under the care of Mr. Birkett. His rupture was down, and a surgeon had in vain tried to reduce it, even after practising venesection. On admission, he was at once placed in a warm bath, and the bowel was then without difficulty returned. An hour afterwards the bowels acted spontaneously, a fluid, very offensive evacuation being passed, very soon after which he began to complain of severe pain in the abdomen, the belly became tympanitic, and great prostration came on. Stimulants and opium were given, and he somewhat rallied. Mr. Birkett saw him at 10 P. M., when the symptoms of strangulation were present, but not in a degree such as deemed to warrant an operation. Calomel and opium (gr. ss, and gr. j) were ordered every hour. At 1 P. M. on the following day, his condition was worse; face anxious; pulse small and rapid; the vomiting had ceased, but there was more of tympanitis. The left inguinal canal being decidedly fuller than the right, Mr. Birkett decided to perform an exploratory operation. The sac having been opened, it was found very greatly thickened, but containing only a little serum. The finger was passed freely into the abdomen, and a portion of the colon drawn into sight; but no stricture could be discovered. Death took place on Oct. 15, eight days from the first protrusion, seven after the reduction by taxis, and six after the exploratory operation. The treatment subsequent to the operation had consisted in the application of blisters to the abdomen, and the exhibition of opium and stimulants. The prostration had continued extreme, and there had been troublesome diarrhœa. *Autopsy.*—Very slight evidence of peritonitis. Jejunum and ileum intensely congested and distended with thick port-wine-coloured fluid, the intensity of colour increasing as the cæcum was approached. There was great difficulty in determining the portion of bowel which had been strangulated. No obstruction existed in any part.

Ovariotomy (exploration).—An exploration, with the intention of removing an ovarian cyst, had it been found practicable, was performed in September, by Mr. Paget. The patient was a woman, aged 43, in a very reduced state of health, under the care of Dr. West, in St. Bartholomew's Hospital. The tumour had only been known to exist for six months, and had increased rapidly until it nearly filled the abdomen. Paracentesis had been attempted, but failed, from the fluid being too thick and glairy to escape by the canula. The woman's condition was such, that it was evident a fatal result would ensue before long, if nothing could be done to relieve her; and, she being very anxious to have an operation performed, Dr. West thought it warrantable to attempt ovariotomy. An incision about two inches long was made in the median line, midway between the pubes and umbilicus, and the cyst exposed. Very intimate adhesions were found between the cyst and abdominal walls, and the operation was consequently not persisted with. The cyst was opened, and a large washhand-basin full of jelly-like fluid removed. The wound was closed with sutures and plaster. During the first week the patient did better than might have been expected; but subsequently inflammation of the cyst occurred, and she sank. The wound had not united, the sutures having required removal five days after the operation.

Trephining of the Skull.—Case 1. A boy, aged 13, under the care of Mr. Pollock, in St. George's Hospital, admitted with compound fracture of the skull, and depression of bone in the left temporal region. The trephine was used, and the bone elevated. The boy has made a good recovery. *Case* 2. A man, aged 35, under the care of Mr. Tatum, in St. George's Hospital, with compound fracture of the right parietal bone. On removing a portion of bone, a quantity of bone was seen between the dura mater and skull, and a bleeding vessel was observed in the former. The bleeding ceased on exposure to the air. The patient has done well, and is now nearly convalescent. *Case* 3. A man, aged about 30, admitted, under the care of Mr. Adams, into the London Hospital, with a severe compound fracture of the right half of the frontal bone. There was much ecchymosis in the orbit, and the eye was partially protruded. The dura mater was not torn. The trephine was employed, and the depressed portions of bone either removed or restored to position. The man was at the time in profound insensibility, and he did not regain any degree of consciousness until the following day. Subsequently, he again relapsed, and death took place a few days after the operation. *Case* 4. A female child was admitted into the London Hospital, under the care of Mr. Wordsworth, after having been knocked down by a cab and run over. About five hours afterwards vomiting came on, and, a few hours later, she became insensible. Mr. Wordsworth now saw her, and determined to explore beneath a puffy swelling, which, from the first had been perceptible over the left parietal eminence. A crucial incision having been made, the bone was found fissured; by the means of the trephine and Hey's saw, a portion was removed; but, as the fracture was then perceived to extend downwards, in a direction towards the base of the skull, it was not thought prudent to attempt anything further. She lingered till the next morning in a state of insensibility, and then died. At the *post-mortem* the fracture was found to extend across the base of the skull, and to terminate in the right temporal bone. In the posterior fossa of the skull, between the brain and its membranes, was about an ounce and a half of coagulated blood. The skull was everywhere very thin. The viscera of the body were healthy.

Ligature of Arteries.—Case 1. A man, under the care of Mr. Solly, in St. Thomas's Hospital, with a large popliteal aneurism. Compression treatment was tried; but, on account of the irritability of the patient, had to be relinquished on the fourth day. Mr. Solly then placed a ligature on the femoral. The case has since done well; but, as yet, remains under care. The ligature came away on the twentieth day. *Case* 2. Ligature of the radial at the wrist, on account of wound. Recovery.

Treatment of Aneurism by Compression.—Mr. De Morgan's case remained under treatment through October, but the femoral has since been ligatured. Mr. Solly's case has just been mentioned. In King's College Hospital, Mr. Fergusson has a case of subclavian aneurism under treatment by pressure. The patient is a robust man, aged 46, in whom the disease has been known to exist for upwards of two years. He has been under care in King's College Hospital repeatedly during the last year. The tumour is about the size of half an orange, and situate in the last part of the course of the right subclavian, possessing a very forcible pulsation. Pressure by means of bags filled with shot was first tried, but did no benefit; and an apparatus has now been constructed to allow of pressure, by means of a screw pad, being kept up. It is thought the tumour has a little diminished in size during the short trial that the latter plan has had. Mr. Fergusson does not, we believe, consider ligature of the subclavian a warrantable procedure.

Amputations.—The case (8) left under treatment by our last report, has recovered. Mr. Lloyd's case of primary amputation of both legs just below the knee, may now be ranked as recovered. The stumps are healed, and the man has quite regained his health. Upwards of six months has been occupied in the recovery; the length of time being caused by the deficiency of soft parts, and the consequent necessity for the healing of a large part by granulation. The patient is an Irishman, aged 35, of good constitution, but not remarkable for temperance.

Number of cases, 12; recovered, 5; under treatment, 4; died, 3.

Of the Thigh.—Case 1. A man, aged 24, of good health, and not very intemperate habits, under the care of Mr. Adams, in the London Hospital. Primary amputation was performed. Delirium tremens followed, and the stump became a little sloughy. Death from pyæmia resulted, and at the *post-mortem* pus was found in the internal iliac vein; the femoral and external iliac being plugged with lymph. The lungs were congested, but there were no secondary deposits. *Case* 2. A man, aged 22, under the care of Mr. Luke, in the London Hospital. The knee-joint was quite destroyed by disease, and the man's health undermined. He made a good recovery. *Case* 3. A lad, aged 7, admitted into Guy's Hospital, under the care of Mr. Hilton, on account of extensive injury to the soft parts of the leg. He was a delicate youth, and subject to convulsions. Primary amputation was performed. During convalescence he had several fits, and at one period suffered extremely from pain in the stump, for which there appeared no cause. It was treated by the local application of chloroform on slips of lint, under oil-silk, which soon effected complete relief. *Case* 4. A man, aged about 30, under the care of Mr. Erichsen, in University College Hospital; amputation of the thigh, on account of malignant disease within the head of the tibia, was performed. Progressing favourably. *Case* 5. A boy, aged 5, under the care of Mr. Erichsen, in University College Hospital, on account of diseased knee-joint. The disease had begun in the head of the tibia, and about six weeks before a trephining operation had been performed on the latter by Mr. Marshall. The inflammation had subsequently, however, involved the knee, and amputation had become necessary. Doing well. *Case* 6. A man, aged 24, under the care of Mr. Cock, in Guy's Hospital, on account of old-standing disease of the knee-joint. He was of strumous habit, and much reduced in health. Recovered.

Of the Leg.—Case 7. A man, of temperate habits and good health, aged 35, admitted into the London Hospital, under the care of Mr. Adams, on account of a severe compound fracture of the leg into the ankle-joint. Primary amputation was performed; but three weeks later, on account of sloughing of the stump, exposure of the bones, and finally an attack of secondary hemorrhage, it became necessary to amputate above the knee. The man sank, and died about a fortnight after the last operation. At the *post-mortem*, one kidney was found much inflamed, and the posterior lobes of the lungs were much congested, but there was no actual proof of pyæmia.

Of the Foot.—Case 8. A woman, aged 49, of delicate health, under the care of Mr. Fergusson, in King's College Hospital, on account of diseased tarsus. Five months previously, excision of part of the cuboid bone had been performed; but the parts had not become sound, and it was evident that more diseased bone remained. Mr. Fergusson intended to have performed a second removal of bone, and to have saved the foot; but, after having scooped out the entire cuboid, and cut away the heads of the adjacent metatarsal bones, there appeared to be still so much disease left, that a successful event could scarcely be expected. Amputation through the tarsus was accordingly performed. The articular facets of the astragalus and os calcis were sawn away. The patient is doing well.

Of the Upper Extremity.—Case 9. A man, aged 30, under the care of Mr. Stanley, in St. Bartholomew's Hospital, on account of diseased carpus and wrist-joint. Amputation through the forearm was performed. On the tenth day an attack of secondary hemorrhage occurred, which was arrested by cold; on the fourteenth it again recurred, and the perchloride of iron was now applied. The man is doing well. *Case* 10. A man, aged 54, under the care of Mr. Moore, in the Middlesex Hospital, on account of laceration of the forearm, the brachial artery being torn through. The man was in weak health, and the subject of chronic bronchitis. Recovered. *Case* 11. A man, aged 44, under the care of Mr. Birkett, in Guy's Hospital. Three months ago, excision of several of the carpal bones had been performed; subsequently there had been profuse suppuration, and it became evident that the hand could not be saved without risk to life. Amputation through the forearm was accordingly performed. The man has made a rapid recovery. *Case*

12. A man, aged 37, under the care of Mr. Adams, in the London Hospital. The forearm had been most severely injured by a circular saw. Primary amputation above the elbow was performed. Symptoms of pyæmia came on about a fortnight after the operation, and death followed ten days later. The stump has soundly healed. At the autopsy, deposits of pus were found in the lungs and liver.

Excision of Bones and Joints.—Numerous cases of this class remain under treatment from our previous reports.

During the month the following have been performed: *Case* 1. By Mr. Erichsen, in University College Hospital, excision of the knee joint. The patient was a delicate, strumous boy, aged 4. The disease had begun in an abscess in the head of the tibia, and had thence extended into the knee-joint. The boy has progressed favourably since the operation. *Case* 2. By Mr. Shaw, in the Middlesex Hospital, excision of the elbow joint for scrofulous disorganization consequent on fracture six months before. Doing well.

Excision of Malignant Growths.—The cases left under care by last month's report have recovered. During the month the following have been performed: *Case* 1. By Mr. Solly, in St. Thomas's Hospital, excision of some nodules of scirrhous cancer from beneath the cicatrix of a removed breast. Recovered. *Case* 2. Under the care of Mr. Mackmurdo, in St. Thomas's Hospital, an elderly man was admitted on account of two large growths beneath the scalp, each about the size of half an orange. They adhered to the scalp, were of soft texture, and had a slight pulsation. Mr. Mackmurdo excised one of them. The bone was found to be involved, and had to be scraped. Very profuse bleeding took place, and the actual cautery was needed in order to arrest it. The growth proved to be a very vascular form of soft cancer. The second tumour was not attacked. The man sank after the operation, and died on the seventh day. *Case* 3. By Mr. Birkett, in Guy's Hospital, excision of almost the whole of a breast, and of a large mass of soft cancer which had involved it. The patient was a woman, aged 47, in tolerably good health, who had known of the existence of the disease for upwards of seven months. The tumour, which was very soft, had been punctured by a surgeon, after which ulceration and sloughing rapidly took place. The mass presenting a large, ulcerated, and sloughy surface, and the patient's health appearing to be no more affected than the local disease would account for, it seemed fair to attempt its removal. The axillary glands were not affected. After excision, the mass was seen to be well circumscribed, and did not in any way infiltrate the gland. The patient has made a good recovery, and is now nearly well. *Case* 4. By Mr. Birkett, in Guy's Hospital, excision of a small ulcerated cancer of the skin from over the upper part of the sternum of a man, aged 50. In August, 1850, Mr. Birkett had destroyed the disease by escharotics. In February, 1851, it had reappeared, and was then excised. For several months following, the man was now free from the disease; but, subsequently, another nodule appeared, which, slowly ulcerating, caused the present condition. The ulcer was about an inch and a half in diameter. The man complained of extreme pain in its edges, which formed the chief reason for again attempting its removal. Under treatment. *Case* 5. By Mr. Birkett, in Guy's Hospital, excision of the outer half of the mammary gland, on account of carcinoma. The woman was a married but sterile person, aged 30, in apparently good health. The tumour was about three inches in length, had grown rapidly, and was very hard; from its very loose connections with the gland, it was, however, not supposed to be cancer until after the operation. Its appearances on section resembled those of scirrhus, and the microscope confirmed the opinion. The wound was afterwards affected by hospital gangrene, which, however, by the use of strong nitric acid, was arrested, and cicatrization is now nearly complete. *Case* 6. By Mr. Birkett, in Guy's Hospital; excision of the entire right breast from a patient, aged 45, on account of scirrhus. The tumour had been growing for a year, but it was confined to the gland; the axillary lymphatics were not affected, and the woman's health was good. The first symptom had been retraction of the nipple; but, during the last few months, the nipple had again come out, and was now very prominent, of a purple colour, and liable to bleed. A section of the mass, after removal, showed infiltration of the entire gland. Mr. Birkett remarked, that he considered this to be a specimen of the form of cancer of the breast most favourable for operations. The patient has recovered quickly. *Case* 7. By Mr. Prescott Hewett, in St. George's Hospital; excision of the breast of a woman, aged 60, on account of a small, non-ulcerated, scirrhous tumour. Under treatment. *Case* 8 By Mr. Tatum, in St. George's Hospital, excision of the breast of a woman, aged 33, on account of scirrhus. Under treatment. *Case* 9. By Mr. Brooke, in the Westminster Hospital, excision of the breast, on account of scirrhus. The woman was in good health, and aged 35. Some axillary glands were also removed. Recovered. *Case* 10. A man, aged 56, under the care of Mr. Hilton, in Guy's Hospital, for cancer of the thyroid gland; had part of the tumour removed by excision. The mass was pendulous and ulcerated, and the removal only of the sloughy part was attempted, merely as a measure of temporary relief. The man lived about three weeks afterwards, and then sank. At the *post-mortem*, there was found gangrene of part of the spleen, apparently from obstruction of a branch of the splenic artery by a plug of lymph. The thyroid gland was the seat of infiltrated medullary cancer.

Excision of Non-Malignant Growths.—The cases left under care by last month's report are either recovered or progressing favourably.

During the month there have been performed: *Case* 1. By Mr. Hawkins, in St. George's Hospital, excision for the ninth time of a recurrent fibroid tumour. The patient was a woman, aged 45, whose case has often before been mentioned. *Case* 2. By Mr. Cock, in Guy's Hospital, excision of fibroid recurrent tumours from the thigh of a young woman, the subject of very numerous previous operations. (*Case* 3 of last report.) Mr. Cock applied strong nitric acid to the wound after the last operation, in order to produce a slough, in the hope of diminishing the chance of recurrence. The wound has nearly healed. *Case* 3. By Mr. Stanley, in St. Bartholomew's Hospital excision of a fatty tumour, the size of a pear, from a girl, aged 14, in whom it had been growing three years. Recovered. *Case* 4. By Mr. De Morgan, in the Middlesex Hospital, excision of the breast, on account of a fibrous tumour. The patient was a single woman, aged 39. The tumour had been six months growing. Recovered. *Case* 5. By Mr. Henry, in the Middlesex Hospital, excision of a small glandular tumour from beneath the tongue of a woman, aged 50. Profuse secondary hemorrhage followed, which was only arrested by continuous pressure, kept up by a Lonsdale's apparatus for fractured lower jaw. *Case* 6. By Mr. Hilton, in Guy's Hospital, excision of a large ulcerated follicular tumour on the head. The patient was a man, aged 56, and the growth had existed several years. Its history was that of a follicular tumour, but there were none others in the scalp. It simulated to the naked eye exactly the appearances of an open cancer. It was pretty exactly circular, somewhat larger than an adult fist; it adhered immovably to the bone, and was very hard. The upper surface presented a deep sloughy excavation, with irregular and overhanging borders, which, in some parts, had wart like nodulations. Mr. Hilton removed the whole, with a surrounding margin of skin. The pericranium was taken away, and the bone exposed. In spots the growth dipped into the bone, and small portions as large as peas had to be scooped out. To the naked eye the growth had a very suspicious appearance. It has, however, been submitted to Professor Quekett for examination, who reports it a good specimen of follicular tumour, and quite free from malignant character. The man has since, with the exception of a slight attack of erysipelas, done well; the bone is not yet covered. *Case* 7. By Mr. Hilton, in Guy's Hospital, excision of a large fibrous tumour from over the parotid region of a woman, aged 46. It had been growing six or seven years, and was the size of a large fist. Its section showed numerous cysts, the size of hazelnuts, filled with a transparent, jelly-like material, much resembling colloid. Professor Quekett examined the tumour as to its microscopic character, and pronounced it not malignant. The patient recovered well, and had no paralysis. *Case* 8. By Mr Childs, in the Metropolitan Free Hospital, excision from the breast of a woman, aged 40, of a fibrous tumour, of twenty years' growth. Recovery. *Cases* 9, 10, and 11. Fatty tumours removed successfully from different parts of the body by Mr. Tatum, in St. George's Hospital, and Mr. Childs in the Metropolitan Free.

Removal of Necrosed Bone.—Several very interesting cases of this class have, among others, been operated on. *Case* 1. A man, aged 28, under the care of Mr. Stanley, in St. Bartholomew's Hospital. He was admitted a month after an injury of the left leg, just above the ankle, during which he had, although suffering pain, followed his usual work. From a line of irregularity obliquely across the bone, it was thought that fracture must have occurred. After remaining in the hospital nearly six months, and the pain and enlargement still continuing, it was determined, in consultation, to expose and examine the injured part. Mr. Stanley did so, and found embedded between two large overhanging ridges of new osseous material a small portion of detached and dead bone. The loose fragment, about the size of the tip of a finger, was removed. The wound has healed well, and the operation has been completely successful. The most interesting feature in the case is, that no suppuration had occurred, and that there were consequently no sinuses. *Case* 2. A woman, aged 55, had her thigh amputated by Mr. Lloyd, in St. Bartholomew's Hospital, a year ago. She recovered with great difficulty, and the stump being deficient in action, the bone remained long exposed. The stump never healed. In October, of the present year, she was again admitted, having quite regained her health, but the stump being much swollen, and with sinuses on its face, leading down to dead bone. Mr. M'Whinnie laid open the sinuses, and extracted the whole remaining shaft of the femur in a state of necrosis. She is doing well, but the stump is not yet sound. *Case* 8. A boy, aged 14, now under the care of Mr. Birkett, in Guy's Hospital, has had most extensive necrosis of the jaw bones as a consequence in typhus fever, from which he suffered five months ago. Mr. Birkett removed, a month ago, very large portions of the superior maxilla, and more recently he has extracted the right horizontal and ascending rami, together with the articular head of the lower jaw. The parts have healed well. The lad is now suffering from smallpox.

Paracentesis of the Chest.—A miserably emaciated and hectic boy, aged 5, was admitted, under the care of Dr. Birkett, at the City Hospital for Chest Diseases. There were found, on examination, the evidences of fluid in the right pleural cavity, and, on inquiry, the history of acute pleuritic symptoms, six weeks previously, was obtained; prior to which, it was stated, the boy had been in good health. The hectic present made it extremely probable that the fluid present was purulent in its nature, and, as the lung could be made to float against the lateral parietes of the chest by change of position, the case seemed a very promising one for operation. There was, as to dyspnœa, no immediate urgency. It was determined, in consultation, to use an exploring trocar, and, if the fluid proved to be pus, to make a free incision, and leave it open. This practice was decided on, from the consideration, that, in the great majority of cases of empyema which end in recovery, the evacuation ultimately takes place by a permanent fistula; that the establishment of such an opening is Nature's method; and that, if thoracentesis be performed, and the wound closed, the case, after many repetitions of the puncture, almost always ends in a permanent opening being established, either externally, or through the bronchial tubes. The part selected in the present case was in the lateral region, between the fifth and sixth ribs. The operation was performed by Mr. Hutchinson. A very fine trocar having been introduced, pus escaped; the canula was then withdrawn, and, with a small scalpel, the integument and intercostal muscles were divided horizontally for about half an inch. A free discharge of pus followed. To prevent the entrance of air, a large poultice was immediately laid over the wound. The opening had purposely been made valvular as regards the skin. During the four following days a strong tendency to close was shown by the opening, and every day it was requisite to break down the adhesions by the probe, and, on one occasion, to enlarge the opening by the lancet. Very profuse discharge ensued, but the child has acquired a good appetite, and thus far bears up under it. The discharge is at present very little, but there is still a large quantity of fluid in the chest. The ultimate result must be deemed very doubtful. The lung has, to a considerable extent, expanded, and has acquired adhesions close above the opening.

Operations for Nævus.—*Case* 1. A woman, aged 52, was admitted, under Mr. Birkett's care, into Guy's Hospital, with a venous nævus, the size of half a walnut, situated on the inside of the upper lip, near its centre. The account given was, that there had been a mark there from infancy, but that it had latterly much increased, and had been attended by pain. The affected portion of lip was excised; the wound healed well. *Case* 2. A lad, aged 16, under the care of Mr. Stanley, in St. Bartholomew's Hospital, had a nævus excised from the right side of the tongue. It was of venous character, and consisted chiefly of one cavity, by the sides of which were numerous others, and some true erectile tissue. A month previously Mr. Paget had operated on it by cutting into its structure, emptying it of blood, and then breaking it up with a probe. Not much bleeding attended the operation, but it was afterwards necessary to apply caustic, and to plug the wound with lint. When it had healed, the vascular structure refilled. Mr. Stanley's operation consisted in a free excision, and was quite effectual. No ill consequences attended it. The whole nævus was not at first larger than half a walnut. *Case* 3. A large cutaneous nævus on the abdomen of an infant was treated by Mr. Athol Johnson, at the Hospital for Sick Children, by means of ligature on needles. It sloughed off and was cured. *Case* 4. A child, under the care of Mr. A. Johnson, at the Hospital for Sick Children, had a subcutaneous nævus at the end of the nose. Injection of the perchloride of iron has been practised. Under treatment.

Puncture of the Bladder.—A man was admitted into University College Hospital, under the care of Mr. Quain, having sustained, from an injury, a rupture of his urethra, and suffering from retention of urine. Mr. Quain punctured the bladder by the rectum. Doing well.

Operation for Urethral Stricture.—A man under the care of Mr. Erichsen, in University College Hospital, for impassable stricture in the bulbous portion of the urethra, has had perineal section performed. There were fistulæ in the perineum. These Mr. Erichsen laid open into the urethra, and passed a director by it into the bladder, in order to serve as a guide. A catheter was then introduced, per urethram, as far as the stricture; the latter then divided, and the instrument carried on into the bladder. Some bleeding occurred, and several ligatures were necessary. The perineal incision was afterwards brought together by quilled sutures, but union did not take place in its whole extent. The man is doing well. The urethra is free, and the perineal wound promises soon to heal.

Amputation of the Penis.—Mr. Paget's case, mentioned last month, has recovered. In a case operated on during October, by Mr. Cock, in Guy's Hospital, amputation was avoided by the excision of the entire prepuce, with part of the integument of the penis. The disease was epithelial cancer, but had not involved the glans. The man left with the part soundly healed.

Plastic Operations. Rhinoplasty.—*Case* 1. By Mr. Ward, in the London Hospital, on a man in good health, aged 28. The flap of skin was taken from the right side of the forehead, after the manner recommended by Mr. Skey. Perfect union has resulted. A second operation will shortly be necessary to form the septum. *Case* 2. By Mr. Erichsen, in University College Hospital, on a woman aged 32. The case is doing well. *Harelip.*—In five cases, by Messrs. Fergusson, Quain, Erichsen, and Ward, all successful, and none presenting unusual features. In one, the patient was only 8 days old.—*Med. Times and Gaz.* Nov. 25, 1854.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Mortality of the City of Philadelphia for 1854.—The weekly reports of the Board of Health, furnish the following statistics of mortality in 1854:—

Week ending	Adults.	Child'n.	Total.	Week ending	Adults.	Child'n.	Total.
Jan. 7	98	113	211	July 15	166	247	413
" 14	70	120	190	" 22	158	274	412
" 21	83	94	177	" 29	244	329	573
" 28	60	112	172	Aug. 5	203	266	469
Feb. 4	78	123	201	" 12	148	214	362
" 11	85	117	202	" 19	120	208	328
" 18	82	133	215	" 26	121	195	316
" 25	92	138	230	Sept. 2	128	174	302
Mar. 4	75	103	178	" 9	99	135	234
" 11	80	123	203	" 16	96	130	226
" 18	98	111	209	" 23	128	144	272
" 25	70	111	181	" 30	117	115	232
April 1	75	140	215	Oct. 7	105	109	214
" 8	72	127	199	" 14	111	105	216
" 15	60	87	147	" 21	79	85	164
" 22	84	33	217	" 28	89	75	164
" 29	77	130	207	Nov. 4	100	95	195
May 6	87	104	191	" 11	77	74	151
" 13	80	97	177	" 18	69	85	154
" 20	69	83	152	" 25	80	67	147
" 27	71	106	177	Dec. 2	87	82	169
June 3	66	100	166	" 9	63	64	127
" 10	74	114	188	" 16	74	70	114
" 17	72	105	177	" 23	83	90	173
" 24	86	136	222	" 30	90	104	194
July 1	80	188	268				
" 8	135	233	368		4,990	6,817	11,809

From the above, it will be seen that the aggregate was 11,809; of this number, 3,322 were children under one year, and 3,032 were children from one to ten years of age, making the total deaths among children of ten years and under, 6,354, or more than 50 per cent. There were 200 persons over 80 years of age, 60 over 90, and 43 centenarians that paid the debt of nature during the year.

More than three-fourths of the deaths occurred from the following designated causes: Cholera asphyxia, 603; cholera morbus, 129; cholera infantum, 784; apoplexy, 112; convulsions, 689; consumption of lungs, 1377; croup, 302; cancer of various kinds, 64; dropsy, 135; dropsy of brain, 269; diseases of brain, 92; of heart, 140; of lungs, 42; dysentery, 444; debility, 454; diarrhœa, 214; erysipelas, 67; fevers, 572; intemperance, 60; inflammation of brain, 261; of bronchi, 241; of lungs, 472; of stomach and bowels, 185; marasmus, 426; measles, 76; old age, 196; palsy, 103; scrofula, 46; smallpox, 41; whooping cough, 156; drowned, 117; casualties, 112; unknown, 318; of the number, 537 were still-born.

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Statistics of the Weather in Philadelphia in the Year 1854.—The following interesting statistics of the temperature for the year, as well as the amount of rain, have been compiled from the journal kept at the Pennsylvania Hospital.

The following table shows the highest and lowest, and mean temperature of each month of 1854:—

	Highest.	*Lowest.*	*Mean.*		*Highest.*	*Lowest.*	*Mean.*
Jan.	59	12	32⅓	July	98	64	78¾
Feb.	63½	16	34½	August	96	57	75¾
March	78	21	43	Sept.	93½	47	69½
April	84	28	51¼	Oct.	80	34	58¾
May	83	36	64¾	Nov.	70	26	45½
June	96	51	71¾	Dec.	49½	6	31

The warmest day in the year was the 21st of July, when the lowest of the thermometer was 81 degrees, and the highest 98. The coldest day was 20th of December, when the lowest was 6 degrees, the highest 18½.

The temperature of the seasons, as deduced from observations for 29 years, is as follows:—

Winter months	33.19	Summer months	73.36
Spring "	51.87	Autumn "	54.61

The mean temperature of the year was 54¾, *being* 1½ degree above the average. The mean temperature of the 29 preceding years, was 53¼.

Amount of rain for each month of 1854:—

January	2.33 inches.	August	0.84 inches.
February	4.20 "	September	3.80 "
March	1.62 "	October	1.54 "
April	7.75 "	November	2.84 "
May	6.94 "	December	2.91 "
June	2.39 "		
July	3.02 "	Total,	40.18 "

Amount of rain for each year, from 1838 to 1854:—

1838	46.29 inches.	1847	45.09 inches.
1839	43.73 "	1848	35.00 "
1840	47.40 "	1849	42.09 "
1841	55.50 "	1850	54.54 "
1842	48.53 "	1851	35.50 "
1843	46.91 "	1852	45.74 "
1844	40.17 "	1853	40.66 "
1845	40.00 "	1854	40.18 "
1846	44.38 "		

The average amount for these 17 years, is 44.16 inches. The greatest amount, in 1841, 55.50 inches. The least amount, in 1848, 35.00 inches.

The greatest amount of rain which fell in any month, was in July, 1842, 11.80 inches. The least amount was in September, 1846, ¼ inch.

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Mortality in the Four Principal Atlantic Cities in the Year 1854.—We give below a Table, prepared from the weekly mortality reports, of the deaths during the year 1854, in the four chief cities of the East:—

INTERMENTS IN PHILADELPHIA, NEW YORK, BALTIMORE AND BOSTON, IN 1854.

Weeks.	*Philad.*	*N. York.*	*Balt.*	*Boston.*
1st	211	481	105	100
2d	190	483	115	93
3d	177	529	84	86
4th	172	442	77	89
5th	201	491	112	75
6th	202	496	93	92
7th	215	537	112	90
8th	230	484	86	88
9th	178	484	122	97
10th	203	453	103	81
11th	209	480	99	94
12th	181	513	96	77
13th	215	436	86	70
14th	199	508	90	88
15th	147	460	86	104
16th	217	428	94	92
17th	207	477	78	107
18th	191	401	82	76
19th	177	434	93	73
20th	152	394	86	76
21st	177	359	85	56
22d	166	415	60	88
23d	188	408	82	80
24th	177	429	120	96
25th	222	437	127	62
26th	268	517	168	86
27th	368	761	204	137
28th	413	817	160	111
29th	432	915	174	98

Weeks.	*Philad.*	*N. York.*	*Balt.*	*Boston.*
30th	573	1,139	212	108
31st	469	1,148	153	131
32d	362	1,050	149	129
33d	328	922	114	104
34th	316	832	140	135
35th	302	822	106	107
36th	234	732	138	111
37th	226	681	128	93
38th	272	597	135	88
39th	232	612	113	76
40th	214	516	111	65
41st	216	482	108	72
42d	164	447	108	57
43d	164	478	122	55
44th	195	399	80	49
45th	151	404	86	63
46th	154	356	95	58
47th	147	359	86	61
48th	169	350	103	64
49th	127	453	86	51
50th	144	385	110	55
51st	173	379	83	64
52d	194	446	87	60
Total 1854	11,811	28,458	5,738	4,418
" 1853	9,750	21,864	5,117	4,369
Increase in 1854	2,061	6,594	621	49
Increase per ct.	21.14	30.16	12.13	1.12

The deaths from various prominent diseases in the four cities, were as follows:—

	Philada.	*N.Y.*	*Balt.*	*Boston.*
Consumption . . .	1,389	2,990	931	769
Convulsions . . .	695	2,327	122	151
Cholera	601	2,459	2	255
Cholera infantum .	633	1,455	393	81
Cholera morbus . .	126	281	129	26
Diarrhœa	211	1,106	46	54
Dysentery	443	827	253	147
Scarlet fever . . .	162	484	252	64
Typhus and typhoid	166	504	114	102
Inflam. of lungs . .	456	1,152	151	249
Smallpox	37	425	29	117
Marasmus	439	1,398	9	99
Stillborn	529	1,540	345	*—
Other diseases . .	5.924	1 ,510	2,962	2,304
Total	11,811	28,458	5.738	4,418
Under 5 years . .	5,874	15,593	2,887	1,987

The proportion of deaths to inhabitants, in the several cities, may be shown by the following Tables:—

RATIO OF DEATHS TO POPULATION OF 1850.

	Deaths in 1854.	*Population of* 1850.	*Ratio of Deaths to Inhabitants.*
Philadelphia	11,811	409,000	1 to 34 63
New York .	28,458	515,000	1 to 18.09
Baltimore .	5,738	170,000	1 to 29.62
Boston . .	4,418	137,000	1 to 31.00

RATIO OF DEATHS TO PRESENT ESTIMATED POPULATION.

	Deaths in 1854.	*Estimated Population.*	*Ratio of Deaths to Inhabitants.*
Philadelphia	11,811	500,000	1 to 42.33
New York .	28,458	625,000	1 to 21.95
Baltimore .	5,738	210,000	1 to 36.59
Boston . .	4,418	160,000	1 to 36.21

The following Table shows the mortality of Philadelphia, by months, during a period of six years:—

	1849.	1850.	1851.	1852.	1853.	1854.
January	542	469	568	1,041	758	750
February	541	570	599	838	774	848
March	701	719	774	889	730	771
April	622	597	609	808	867	985
May	522	621	634	860	697	697
June	914	829	814	775	886	1,020
July	1,782	1,045	1,056	1,098	918	1,786
August	1,239	1,225	1,020	918	1,027	1,471
September	994	647	675	770	803	1,266
October	565	565	565	735	878	758
November	468	636	770	681	687	816
December	659	550	757	832	725	643
	*9,549	8,473	8,841	10,245	9,750	†11,811

Philadelphia County Medical Society.—At a meeting, held January 17, 1855, the following officers and delegates were elected for the present year, viz:—

President.—Dr. D. Francis Condie.

Vice-Presidents.—Drs. Wilson Jewell and Francis West.

Recording Secretary.—Dr. Robert P. Thomas.

Assistant Secretary.—Dr. J. Aitken Meigs.

Corresponding Secretary.—Dr. Isaac Remington.

Treasurer.—Wm. Byrd Page.

Censors.—Drs. John B. Biddle, Anthony E. Stocker, Lewis Rodman, William N. Johnson, Samuel Lewis.

Delegates to the American Medical Association.—Drs. John Bell, Thomas F. Betton, D. Francis Condie, John Conrey, Samuel L. Hollingsworth, Samuel Jackson (Spruce St.), Benjamin S. Janney, Wilson Jewell, William H. Klapp, D. Paul Lajus, John F. Lamb, R. La Roche, Samuel Lewis, Arnold Naudain, William Byrd Page, Lewis Rodman, Anthony E. Stocker, Robert P. Thomas, Ellwood Wilson, Caspar Wister, Thomas H. Yardley, Jacob S. Zorns.

Delegates to the State Medical Society.—Drs. T. Hewson Bache, John B. Biddle, Thomas F. Betton, Joseph Carson, Benjamin H. Coates, D. Francis Condie, John Conrey, G. Emerson, James V. Emlen, David Gilbert, Robert A. Given, Edward Hartshorne, Isaac Hays, Adinell Hewson, Samuel L. Hollingsworth, Nathan L. Hatfield, Alexander C. Hart, A. Helfenstein, John H. Ingham, Samuel Jackson (Spruce St.), Benjamin S. Janney, Wilson Jewell, Alfred L. Kennedy, William H. Klapp, R. La Roche, Samuel Lewis, John F. Lamb, John H. B. McClellan, John K. Mitchell,

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* In Boston the stillborn are not reported.

† Cholera years.

S. Wier Mitchell, William Mayburry, John Neill, Arnold Naudain, Joseph Pancoast, John M. Pugh, Alfred Stillé, Francis G. Smith, Robert P. Thomas, Francis West, Ellwood Wilson, Caspar Wister, George B. Wood, Thomas H. Yardley, Jacob S. Zorns.

From the minutes.

ROBERT P. THOMAS,
Recording Secretary.

Northern Medical Association.—At the annual meeting of this Association, held January 12, 1855, the following officers were elected for the ensuing year:—

President.—Dr. M. B. Smith.

Vice-President.—Dr. John Rhein,

Treasurer.—Dr. J. Henry Swartz.

Recording Secretary.—Dr. Levi Curtis.

Reporting Secretaries.—Drs. J. R. Bryan and Charles Wittig.

Corresponding Secretary.—Dr. William Mayburry.

Counsellors.—Drs. R. H. Townsend, N. L. Hatfield, R. J. Levis, George J. Zeigler, and John Uhler.

Delegates to the American Medical Association.—Drs. N. L. Hatfield, R. H. Townsend, J. Henry Smaltz, John Rhein, and Levi Curtis.

Selective Committee.—Drs. George J. Zeigler, R. J. Levis, J. H. Smaltz, Joseph R. Bryan, and L. Curtis.

LEVI CURTIS,
Recording Secretary.

Old New York Doctors.—Dr. J. W. Francis, at the last meeting of the Historical Society, read a most interesting paper "on Reminiscences of Old New York, with its inhabitants." We are happy to learn that our *venerable* friend is engaged upon his reminiscences of the "Old New York Doctors," which he hopes, ere long, to submit to the profession. By common consent, no man is so well qualified to perpetuate among us the memory of these illustrious dead.—*New York Medical Times.*

Obituary Record.—Died, in Reading, on the 15th Sept. last, John P. Heister, M. D., in the 51st year of his age. Dr. H. was one of the most prominent physicians of Berks Co., and was, at the annual meeting of the State Medical Society, in 1853, elected President of that body.

FOREIGN INTELLIGENCE.

Indiscriminate Use of Chloroform.—In some remarks regarding the recent death from chloroform in Guy's Hospital, the editor of the *Lancet* strenuously warns surgeons against the indiscriminate use of chloroform. "Probably," he says (No. for Dec. 16th), "it may not be forgotten that, a few weeks ago, we made some remarks on this subject. We showed that the indiscriminate use of chloroform had led to the most fearful results; that deaths had, over and over again, occurred from the administration of this agent in cases in which there did not exist the slightest occasion for its use; and we concluded by saying:—

"'In the first instance, then, chloroform must not be administered almost *ad libitum*, as has hitherto been done. Its use must be reserved for those cases in which the intensity or duration of the pain in an operation constitutes serious complications, or where insensibility is essential for the success of the surgeon's proceedings. To this the practice must come at last. The sooner it does so, the less will be the expenditure of life.'

"Had these words been acted on, the life of a human being would not have been sacrificed. Was the intensity or duration of the pain in an amputation of the leg sufficient to justify the fatal risk in such a subject? Or can it be said that insensibility was essential to the surgeon's proceedings? Surely not. There are those who will agree with us in thinking that it were better that a thousand individuals should each bear, when necessary, the momentary pain of amputation, than that one of the thousand should die in an attempt to remove this momentary suffering. On the occasion referred to we felt it right, not only to point out the necessity of limiting the use of chloroform, and of care in its administration, but we also endeavoured to show the risk of the practice under any circumstances in certain cases." * * * *

"Once more, then," he adds, "we raise a voice of warning against the indiscriminate use of chloroform. It is a dangerous agent; its effects have painfully reached the consciences of some; it may so happen that they may affect others in a more tangible form, and that regret will come when there is no remedy. Our observations must not be misunderstood. We fully appreciate the value of chloroform; we more fully appreciate the dangers attending its use, or rather its abuse. It is that abuse, now become general, we seek to arrest; we do so for the sake of humanity and for the character of our profession, which should not risk the loss of its reputation for prudence, and for its high estimate of the value of human life."

—

New Remedies.—We have observed a case of bad syphilitic warts improving, at the London Hospital, under a lotion of decoction of tormentilla. A case of fracture, prevented healing by scurvy, ununited for four months, improving under lemon-juice. Medicated collodion is coming into use. The good effects of equal parts of collodion and perchloride of iron, collodion, Venice turpentine, and castor oil as impenetrable coverings for the cure of local inflammation, are spoken about. A watery extract of belladonna is used in Italy in place of secale cornutum, in producing relaxation of the os uteri; it is said to act in the same way, not by paralyzing the muscular fibres, but stimulating them, a function denied secale in that country.—*Lancet.*

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Protracted Gestation.—In an affiliation case, at Cheltenham, the solicitor for the plaintiff said, it was agreed that the last time the defendant had intercourse with the young woman was on the night of the 5th of July, 1853, because he left her on the following morning to proceed to his situation at Northleach. From that period up to the birth of the child, on the 21st of May, in the present year, would be exactly 45 weeks and 4 days, or 319 days altogether. It was contended on the other side, that as 40 weeks, or 280 days, was the natural period of gestation, the defendant could not by any possibility be the father of the child. —*Med. Times and Gaz.* Sept. 30, 1854.

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Indigo formed in the Kidneys.—FRERICHS and STAEDELAR corroborate the views of Dr. Hassall of indigo in the urine. They state that carbolic acid is found in the urine of herbivoræ, and indigo, according to Scherer, in the urine of men.—*Lancet.*

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Fecundation.—Dr. MARTIN BARRY has repeated all his former experiments as to the ovum, and though denied by Bischoff, Wagner, and various other Germans, the English physiologist proves to have been true from the beginning. He has recently shown spermatozoa in large numbers in the body of the ovum.—*Lancet,* Jan. 6, 1855.

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Substitute for Quinine.—A physician at Martinique has discovered a tree, the bark of which affords an alkaloid as valuable as quinine in curing fevers. The subject is under consideration of the French Government.—*Lancet,* Jan. 6, 1855.

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Effects of Lightning on Animals.—The French Academy of Sciences have received some interesting observations on the effects of the lightning stroke upon human beings. The following facts are the result of patient observations made by M. Boudin, Chief Surgeon to the Hôpital du Roule: The number of people yearly struck by lightning in France, averages 200. The number of people killed by lightning between the years 1835 and 1852, is no less than 1,308; the number struck, but not fatally, is about three to one of the number killed. Of the number struck, there were nearly three men to one woman. The region where the lightning had been most fatal is the central plateau of France, comprising the departments of Cantal, Puy-de-Dôme, and other departments which are mountainous or present elevated ground. The months during which people are the least exposed to the fatal effects of lightning, are the coldest months of the year—viz: November, December, January, and February. Out of 103 people struck, 4 were struck in March, 6 in April, 8 in May, 22 in June, 13 in July, 19 in August, 14 in September, and 15 in October. One-fourth of the people who have been struck may trace the misfortune to their own imprudence, in taking shelter under trees, which attract the electric fluid. The greatest number of people killed by a single flash of lightning, does not exceed eight or nine. M. Boudin called attention to two curious facts in connection with this subject. The first was, that dead men, struck by lightning, had been found in exactly the upright position they held when killed; the second was, that other bodies bore upon them faint impressions of outward objects, probably somewhat resembling photographic shadows. Animals, however, are much more exposed to the influences of lightning than men, and suffer more by its destructive properties. More than once a single flash of lightning has destroyed an entire flock of sheep, and, according to M. D'Abbadie, flocks of 2,000 in Ethiopia. The fires occasioned by lightning have amounted to eight in one week in the departments of La Meuse, Moselle, Meurthe, and Vosges. The little kingdom of Wurtemberg suffered by 117 fires in nine years, so caused. Before the application of lightning conductors, English ships experienced losses annually by the electric fluid estimated at from 1,000*l.* to 1,400*l.*; but since their application, such losses are no longer heard of, although some pretend to deny the efficacy of the lightning-rod.

—

Influence of Elevation of Soil on the Mortality from Cholera.—In the report on cholera in 1849, by the Registrar-General (see this Journal for Nov. 1853, p. 189, and for June 1854, p. 100), it is stated that the elevation of the soil in London has a more constant relation with the mortality from cholera than any other known element—the mortality being in the inverse ratio of the elevation; and so exactly has this been verified in the present epidemic, that a scale of premium might safely have been drawn out in 1849 to rule in 1854 to the following effect: For a person of average condition, dwelling under 20 feet of elevation, the premium to insure 1,000*l.* would be 12*l.*; while for those living at from 100 to 350 feet elevation the Life Office would be secure with a 2*l.* premium. But the following facts, worked out by the Registrar-General, show distinctly the inverse relation that the mortality of cholera bears to the elevation of the ground:—

182,560 of the people of London, in 1851, lived upon sub-districts covering 2,849 acres of the marsh ground, ranging from 3 feet below to 1 foot above the high-water mark; 2,693 died there of cholera in 1849, and 2,227 in 1854, or 4,920 in the two epidemics.

263,914 of the population, in sub-districts on 13,146 acres of ground of 80 feet of elevation and upwards, lost 398 persons by cholera in 1849, and 272 in 1854, or 670 in the two epidemics.

12,824 persons died of cholera in the two years 1849 and 1854 on the 18,429 acres of low ground under 10 feet of elevation, out of a population of 595,119; while in the same years, out of the more numerous population, 682,705 persons, living on 21,909 acres of the higher ground of 60 feet and upwards, only 2,949 persons died of cholera, including all the deaths in the district of St. James.

On the lowest ground, taking the mean of the two epidemics, *thirteen* in 1,000 of the population—on the highest ground *one* in 1,000 of the population—were destroyed by cholera.

At the intermediate stages of elevation was the danger of dying by cholera intermediate? To solve this important question, as regarded the epidemic of 1849, London was first sub-divided into terraces differing 20 feet in elevation; and if the same course is pursued now, it is found that in the two epidemic years 15,562 persons died of cholera on the first terrace, under 20 feet of elevation; 3,757 on the second terrace of ground, 20 and under 40 feet high; 2,301 on the third terrace, 40 and under 60 feet; 2,279 on the fourth terrace, 60 to 80 feet high; 392 on the fifth terrace, 80 to 100 feet; 278 on the higher terraces of 100 feet up to 350 feet. The population was 850,000 on the lowest terrace; and about equal, or 400,000, on the second, the third, and the fourth terraces; while it was 142,000 on the fifth, and 121,000 on the higher terrace or terraces.

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The Practice of Physic should be founded on Knowledge rather than Experience.—It is not unworthy of remark that many physicians profess to hold chemistry in contempt, exactly as they do physiology; that medicine reproaches physiology, with the same injustice that she reproaches chemistry. The physician who has learned medicine, not as a science, but as an empirical art, acknowledges no principles, but only *rules* derived from experience. The object of his inquiries is only whether a remedy, in any given case, had a good or a bad effect. This is all the empiric cares about. He never asks *why?* He never inquires into the *causes* of what he observes! How differently would the treatment of diseases be conducted if we had perfectly clear notions of the processes of digestion, assimilation, and excretion. Without just views of force, cause, and effect—without a clear insight into the very essence of natural phenomena—without a solid physiological and chemical education, is it to be wondered at that men, in other respects rational, should defend the most absurd notions; that the doctrines of Hahnemann should prevail in Germany, and find disciples in all countries? Reason alone will not prevent whole nations from falling into the most abject superstitions, whilst even a child whose mind has been duly developed and instructed will repudiate the fear of ghosts and hobgoblins.—*Liebig's Letters on Chemistry.*

—

Improper Treatment of the Medical Profession by the British Government.—The status of the medical profession in Great Britain, as well as that of those who are engaged in the public service, has occasioned great and very general dissatisfaction among its members, and the medical journals are loudly denouncing the existing condition of things, and an united effort seems to be making to effect a reform.

In an editorial in the No. of the *Monthly Journal of Medical Sciences* for Nov., are the following just observations:—

"Most assuredly what we require in Great Britain is some national institution that shall take charge of, and give a tone to medical affairs. In France, we observe an Academy established for this purpose, the admission to which is a high honour, and which is the recognized body consulted on all occasions by, and giving advice to, the Government. In consequence, all its medical affairs are well arranged—its universities and medical schools, the grades of the profession, its sanitary arrangements, its military and naval concerns. In England, we have only too often dwelt on the disorder everywhere resulting from its numerous licensing boards, the differences in rights and privileges, the inequality of education, and the degraded position it seems to occupy in the public eye, when compared with the other professions of the Law and Church. If a sanitary board is to be formed, it never occurs to our Government that a medical man should be its president, and receive the £2,000 yearly given by the country. But to show rather its contempt of that profession, a baronet is chosen, a well known supporter of homœopathy and mesmerism! On the field of battle the medical arrangements are controlled by some commissariat officer, and the consequence is, while the French medical corps have steamers and ambulances at their disposal, all the British appliances which ought to have been at Alma, are left at Varna. In the navy, the young assistant-surgeon is thrust down into the cockpit with the midshipmen, and cannot find a place in the ship to study or think. Throughout the country, the poor-law guardians grind down the pittance of the medical officer below what a gentleman gives a gardener for looking after the welfare of his fruit and vegetables In our courts of justice, quackery is everywhere supported, and the rights of medical men scarcely tolerated. In our hospitals, the being a son or nephew of one of the governors is a far better title to election than the most brilliant reputation as a physician or surgeon. Well, indeed, may the French say that, as a profession, medicine enjoys little honour or reputation in this country. This is in no degree owing to the deficiencies of medical men individually, but to the fact that we have no national organization. If the so-called medical reformers would leave off their petty squabblings about the privileges of their own colleges and grades, and look to a medical reform of national, rather than of local importance, better days might yet be in store for us."

—

News from the Crimea.—The weather during the past month has been very wet and cold—continuous rain with scarcely any intermission. This has, of course, greatly increased the amount of sickness, and cholera is now prevalent in almost every regiment; it is somewhat different in its character but equally fatal, chiefly produced from exposure to cold, and the quantity of salt provisions the men have to eat; diarrhœa is also doing its work, almost every one suffers from it more or less, both men and officers. Some of the regiments suffer very much from rheumatism, which is not to be wondered at, considering that the men scarcely ever get their clothes dried. There is also a very great deficiency of medicine, some of the regiments having almost nothing to give their sick; medical comforts are also very difficult to get, and altogether the sick are as badly attended to as they possibly can be. Castor oil is an invaluable medicine in the treatment of the diarrhœa of this country, but that is doled out in such small quantities as to be utterly worthless; they will perhaps give two pints to a regiment that has eighty men in hospital, and expect that to last for two months, and everything else is done in like proportion. There is now no want of surgeons out here, but of what use are they, when they have neither medicine nor anything else to give their patients. The ambulance corps seems to be diminishing by degrees, and has turned out to be one of the most arrant failures that was ever attempted. The men selected to take care of the sick and wounded were composed of diseased, drunken old pensioners, all subject to delirium tremens—men quite morally and physically unfit in every way; their wagons were great heavy lumbering things, quite a sufficient weight in themselves for the horses, and totally useless in a country destitute of roads. Why we cannot have an ambulance corps after the same fashion as the French, is what I cannot understand. They transport their sick and wounded in the most easy, safe, and simple manner possible. The way is as follows, viz: two comfortable light arm-chairs are strapped on each side of a mule, and a sick or wounded man is strapped into each of these chairs. For men badly wounded or having fractures, they have a stretcher strapped on each side of the mule; they are placed upon this and firmly strapped on. In this manner I have seen hundreds of wounded men conveyed with the greatest ease and comfort. Why could our men not be carried in the same way? Surely it would be a preferable mode of conveyance to being jolted to death in one of these horrid wagons that are in danger of sticking fast in the mud every hundred yards. It is really beautiful to see the perfect way in which the French manage their hospitals; but, in fact, the internal economy of the French army is beyond all praise, and many a useful lesson the heads of our different departments might learn, were they amenable to reason and common sense.

The heads of departments always take great *cudos* to themselves for taking care to shut the stable-door after the horse has escaped. A certain quantity of winter clothing has now arrived for the use of the men; this ought to have been here fully two months ago, and then many a brave fellow would have lived to fight another day that is dead now. However, sufficient has at length arrived to make about *one sixth* of the whole army warm and tolerably comfortable; more, they say, is expected; I suppose it may possibly arrive about the end of March or beginning of April.

Stoves are much wanted, and ought to be issued to every regiment, for the use of the hospital, to cook in, and that would also insure a constant supply of hot water, which, in a wet day, it is almost impossible to get; also, every surgeon ought to be supplied with a small oil-lamp for the purpose of visiting the sick during the night, and lucifer-matches should also be supplied for the use of the hospital. At present, they only give three candles per regiment per week, but without anything in the shape of a lantern to put them in, consequently they are of very little use; there is also a very great deficiency of close-stools, and on that account it is perfectly impossible to keep the hospital tents clean, even with the greatest care. Three or four mules should also be supplied to every regimental hospital while in the field, for the purpose of conveying water, fire-wood, &c., and for the conveyance of medicine and surgical appliances for the use of sick, and they ought to be at the disposal and under the immediate orders of the surgeon at all times, so that the commanding officer can have nothing whatever to say to them; for instances have come under my observation, where the commanding officer has frequently appropriated things for his own individual use, that were intended for the use of the sick.

In fact, everything belonging to the medical department of the army is bad, from beginning to end, and a thorough change and reform of the system is required, and the sooner the subject is brought before Parliament, the better for the soldier; for if he, poor wretch! escapes being shot on the field of battle, he is a wonderfully lucky fellow, indeed, if he likewise escapes cholera, starvation, bad food, or suffocation in some overcrowded transport.

—

Medical Students in Paris.—The number of medical students in Paris have considerably decreased the last two years. The number who matriculated in 1852, was 1,434, of whom 480 were new. In 1853, the number had decreased to 1,060, of whom only 284 were new; and the present year is only 964, of whom but 151 were new.—*Moniteur des Hôpitaux*, 1854.

—

Works in Preparation.—We learn that Prof. S. H. Dickson, of the Medical College of South Carolina, has in preparation for early publication, by Messrs. Blanchard and Lea, a volume entitled *Elements of Medicine: a Treatise on Pathology and Therapeutics.* Dr. La Roche has also in the press of the same gentlemen, his large work on *Yellow Fever.* The same publishers have in preparation for immediate issue, the first part of *Sibson's Medical Anatomy,* with handsome plates.

THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

Statistical Report of the Principal Operations performed in the London Hospitals during the month of November, 1854.

Lithotomy.—Number of cases, 12; recovered, 10; under treatment, 1; died, 1.

Case 1. A boy, aged 10, under the care of Mr. Fergusson, in King's College Hospital. He was in good health, and had suffered from symptoms of stone for only three months. The operation was the usual one, the stone removed being about the size of a haricot bean. He left the Hospital well within three weeks. *Case* 2. A man, in fair health, under the care of Mr. Fergusson, in King's College Hospital. Symptoms had existed for ten months. Stone the size of a walnut, consisting of triple phosphate. Recovered without a bad symptom. *Case* 3. A boy, in fair health, aged 3, under the care of Mr. Fergusson, in King's College Hospital. Had suffered from stone for two years. A calculus, the size of a damson plum, somewhat flattened, was extracted. It consisted of lithic acid, coated with phosphates. Recovered. *Case* 4. A child, aged nearly 3, in bad health, under the care of Mr. Solly, in St. Thomas's Hospital. Symptoms of stone had existed three or four months. A very small stone was removed. The wound afterwards sloughed; but, as the child's health improved, it cleaned and healed favourably. *Case* 5. A boy, in fair health, aged about 6. In the attempt to make the incision of the prostate by means of the bistouri cache, the operator failed to enter the bladder, probably from the instrument not having been really in the urethra. The mistake was soon discovered, but not until the staff had been withdrawn. It was found impracticable to reintroduce the staff, and the operation was accordingly at once relinquished, Excepting an attack of erysipelas, the boy has since done well. The wound is now nearly healed, and it is intended shortly to again operate. *Case* 6. A boy, aged 4, in good

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health, under the care of Mr. Le Gros Clark, in St. Thomas's Hospital. The stone was small. Recovered without a bad symptom. *Case* 7. A man, aged 67, in fair health, under the care of Mr. Solly, in St. Thomas's Hospital. The symptoms of stone had been present during five years. The calculus was the size of a hen's egg, and weighed nearly three ounces and a half. Under treatment. *Case* 8. A boy, in good health, under the care of Mr. Cock, in Guy's Hospital. As regards the operation, the recovery was in every respect good; but, having caught cold in the operating-theatre, the boy subsequently suffered a severe attack of pleuro-pneumonia. The illness did not in any way retard the healing of the wound. *Case* 9. A lad, aged 14, under the care of Mr. Hilton, in Guy's Hospital. He had suffered from stone almost all his life; and, for several years, his sufferings had been so severe, that he was quite prevented from assuming the erect posture. He was ill-grown, and in much enfeebled health. In the operation, the transverse perineal artery was found of very unusual size, and after division it bled so freely that a ligature had to be at once applied. The bladder having been entered, some difficulty was encountered in seizing the stone, on account of its being grasped firmly by the hypertrophied fasciculi of the viscus. After some attempt to dislodge it, Mr. Hilton adopted the expedient of again injecting the bladder, which was attended by excellent success, and the stone was immediately afterwards brought within the grasp of the forceps. It proved to be a very large one, consisting of oxalate of lime coated with phosphates. A little oozing of blood followed the operation, but it did not require any special measures for its arrest. No secondary hemorrhage ensued, but on the eighth day a large clot of blood passed from the wound. The boy had repeated rigors and much tenderness of the abdomen; he gradually sank, and died on the eleventh day. The wound had remained throughout entirely wanting in action, and showing no inclination to granulate. At the *post-mortem* there was not much evidence of peritonitis, but there were several separate collections of pus in the cellular tissue of the pelvis. The bladder was much thickened, the ureters enormously dilated, and the kidneys were diseased. The cause of death seemed to be chiefly connected with the bad state of the boy's health previously; against the idea of pyæmia having resulted was the circumstance, that the tongue never became dry and brown as it usually does in that disease. *Case* 10. A boy, aged 3, in good health, under the care of Mr. Coulson, in St. Mary's. Recovered. *Case* 11. A boy, aged 3, in good health, under the care of Mr. Coulson, in St. Mary's. Acute orchitis of the left testis followed, but was subdued by treatment, and the patient recovered well. *Case* 12. A boy, aged 9, in good health, but suffering severely, under the care of Mr. Adams, in the London Hospital. A stone, which weighed more than seven drachms, was removed. Recovered.

Lithotrity.—Mr. Adams' case in the London Hospital remains under treatment.

Herniotomy.—The case (No. 5, under the care of Mr. Prescott Hewett) mentioned in our last Report, in which an artificial anus had formed, remains under treatment. The upper portion of the gut has become everted and prolapsed into the wound, the whole of the feces being of course discharged through it. Mr. Hewett has repeatedly reduced the protrusion, but as yet it has not been found practicable to prevent its re-expulsion. The man is doing fairly as to his general health.

Number of cases, 10; recovered, 5; died, 5.

Case 1. A woman, aged 64, under the care of Mr. Birkett, in Guy's Hospital, hernia femoral, strangulated thirty-one hours; sac opened. In the sac were found ileum, mesentery, omentum, and some bloody serum. The gut was very dark coloured, but retained its elasticity. Death followed fifty-two hours after the operation. At the *post-mortem* the evidences of peritonitis were found; the protruded portion of bowel had not at all recovered. *Case* 2. A half-starved man, aged 66, under the care of Mr. Curling, in the London Hospital, hernia inguinal; strangulation five days, and condition urgent; sac not opened. He never fairly rallied, and death, apparently from exhaustion, took place on the third day. At the autopsy, the strangulated portion of bowel was found to have not at all recovered itself; there were but slight evidences of peritonitis. *Case* 3. A woman, aged 75, under the care of Mr. Quain, in University College Hospital, hernia femoral; strangulated three days; sac opened. There was a double sac, and larger and front one, containing only serum. The patient died on the fourth day, from the effects of bronchitis combined with slight peritonitis. *Case* 4. A man, aged 33, under the care of Mr. Quain, in University College Hospital, hernia inguinal; strangulated twenty-five hours; sac opened. A large portion of omentum was cut away at the time of operation. Recovered. *Case* 5. A boy, aged 4, under the care of Mr. Quain, in University College Hospital, hernia congenital; strangulated eighteen hours; sac not opened. Recovered. *Case* 6. A woman, aged 33, under the care of Mr. Tatum, in St. George's Hospital, hernia femoral; strangulated twenty-four hours; sac opened. Recovered. *Case* 7. A man, aged 45, under the care of Mr. Solly, in St. Thomas's, hernia inguinal; strangulated seven days; sac opened. The symptoms began to abate immediately after the operation, and the recovery was uninterrupted. *Case* 8. A man, aged 58, under the care of Mr. Fergusson, in King's College Hospital, hernia scrotal; strangulated forty-eight hours, symptoms having existed thirty hours; sac opened. The sac contained about half a pint of bloody serum; the bowel was of a coffee colour, from congestion. Recovery without a bad symptom. *Case* 9. A man, aged 42, under the care of Mr. James Lane, in St. Mary's Hospital, hernia inguinal; strangulated eight hours; sac opened. The sac was found thickened, but there was no difficulty in reduction. Symptoms continued after the operation, and death occurred on the third day. At the *post-mortem* a portion of bowel was found strictured within the abdomen by a band of peritoneal false membrane, *Case* 10. A man, aged 36, hernia inguinal; strangulated two days; sac opened. A large mass of omentum was down, and the inguinal canal was unusually long The omentum was at first left *in situ*, but on the day following the operation a portion of it was removed from the sac. The symptoms of strangulated bowel persisted after the operation, and death occurred on the third day. At the *post mortem*, a small knuckle of bowel was found yet strangulated, and in an almost sloughly condition in the internal ring. The great length of the canal, and the impediment offered by the presence of omentum in the sac, were the only conditions by which the mischance of non-reduction could be explained.

Removal of a Tumour from a Hernial Sac.—The following case, although the opening of a hernial sac was involved, cannot be classed under the preceding heading, since there was no strangulated bowel:—

A watchmaker, aged 61, who had been subject to inguinal hernia for five years, was admitted into the Middlesex Hospital, under the care of Mr. Shaw, on the morning of November 28. He stated, that for five years he had worn a truss; that on the previous evening he had gone to bed well, but, during the night, while getting up to make water, a hard solid-feeling lump had come down into the position of the rupture. He had experienced no pain, and had none of the symptoms of strangulated bowel. The tumour was found to be rounded, smooth, and movable, but could not be returned. On the second day after admission, Mr. Shaw cut down upon it, and as soon as the hernial sac was opened the mass rolled out. It was the size of a pigeon's egg, quite smooth, and glistening exteriorly, and as white as cartilage. It had no appearance of having been attached. The man recovered without a bad symptom. (The tumour referred to was exhibited by Mr. Shaw at the last meeting of the Pathological Society. See report in the *Medical Times and Gazette* for December 16.)

Amputations.—The cases left under care by last month's report have either recovered or are doing well.

Number of cases, 13; recovered, 5; under treatment, 4; died, 4.

Of the Thigh.—*Case* 1. A man, aged 40, under the care of Mr. Adams, in the London Hospital, for disease of the knee-joint, of four years' duration. He was in pretty good health, but was suffering from an acute relapse of inflammation in the joint. After the amputation, there was much bleeding from a large vein, which was arrested by placing a plug of sponge over it, and leaving the former attached by a ligature in the stump. Great difficulty was afterwards experienced in getting the sponge away; it, however, very efficiently answered its purpose. *Case* 2. A man, aged 27, admitted into University College Hospital, under the care of Mr. Quain, for a compound fracture of the leg, sustained in a railway accident; he had lost a very large amount of blood. Amputation was performed, but he did not rally afterwards. *Case* 3. A man, aged 55, under the care of Mr. Erichsen, in University College Hospital. He was in an extremely feeble condition. Amputation was necessitated by some extensive sloughing ulcers of the leg. He sank afterwards, and died on the sixth day. *Case* 4. A woman, aged 55, under the care of Mr. South, in St. Thomas's Hospital, for diseased knee-joint with necrosis of the tibia. She was in feeble health, and had suffered from the disease for nearly three years. Recovered. *Case* 5. A man, aged 47, in St. Thomas's Hospital, for diseased knee-joint with necrosis of the lower part of the femur. He had been ill a year. Recovered. *Case* 6. A boy, aged 16, under the care of Mr. South, in St. Thomas's Hospital, for diseased knee-joint with necrosis of almost the whole shaft of the femur. The bone, where cut across, consisted of a sequestrum, surrounded by a thick shell of newly-formed material. The former could not be extracted, and will require removal at some subsequent period. The stump is doing very well, notwithstanding; and the lad's health has improved since the operation. *Case* 7. A man, aged 42, under the care of Mr. James Lane, in St. Mary's Hospital. He had been admitted with a penetrating wound of the knee-joint. An attempt was made to save the limb, and it was put up on the double inclined plane; abscesses, however, formed in and about the joint, and notwithstanding that free incisions were practised, the constitutional disturbance produced was so severe that amputation became needful. It was performed in the third week, and death followed five days afterwards.

Of the Leg.—*Case* 8. A man, aged 35, in good health, was admitted on account of severe compound fracture, under the care of Mr. Paget, into St. Bartholomew's Hospital. Primary amputation was performed. The circular method was adopted, and the stump dressed so that the line of union ran vertically. Recovered well.

Of the Foot.—*Case* 9. A man, aged 20, under the care of Mr. Birkett, in Guy's Hospital, on account of diseased tarsus. Six month ago, an excision of almost the entire scaphoid bone had been performed; and, although he had been kept in bed ever since, yet the parts had not got sound. (See "Excision of Bones.") Mr. Birkett performed amputation at the ankle-joint, cutting away the malleoli and the articular facets of the tibia and fibula. About a third of the posterior flap sloughed away, but the stump, notwithstanding, healed well, and within a month was so far sound that the man could bear firm pressure with the hand over its face. *Case* 10. A woman, aged 22, in poor health, under the care of Mr. Erichsen, in University College Hospital, for diseased tarsus. An attempt had been made three weeks previously to remove the diseased bones, but, as the parts did not seem likely to become sound, it was subsequently determined to remove the foot. Amputation at the ankle-joint was performed. Doing well. *Case* 11. An infant, aged fifteen months, was admitted into Guy's Hospital, under the care of Mr. Cock, for a compound fracture of the tarsus, the foot being very much crushed. Under the influence of chloroform, Mr. Cock performed a modified Chopart's amputation. The child never rallied completely. It refused to take food; had convulsions; and subsequently sloughing attacked the leg. Death took place on the seventh day. *Case* 12. A man, aged 20, under the care of Mr. De Morgan, in the Middlesex Hospital, for diseased tarsus. Amputation at the ankle-joint was performed. Doing well.

Of the Upper Extremity.—*Case* 13. A man, aged 54, under the care of Mr. Ure, in St. Mary's Hospital, on account of a large cancerous sore on the back of the left hand. There was no disease of the lymphatics; and, as the ulceration had resisted all remedies, it was determined to remove the hand. Amputation through the forearm was accordingly performed, and the man made a good recovery. The disease proved to be a well-characterized example of epithelial cancer.

Ligature of Arteries.—The case under the care of Mr. Solly, in St. Thomas's Hospital, has resulted in recovery.

Case 1. By Mr. Critchett, in the London Hospital, ligature of the common carotid, on account of aneurism by anastomosis in the right orbit. The patient was a man, aged 35; the eye had been already destroyed, and was much protruded. The ligature came away on the twenty-third day, and the man has done uninterruptedly well. The eye has sloughed out. Under treatment. *Case* 2. By Mr. Fergusson, in King's College Hospital; ligature of the radial artery, above and below a false aneurism, which existed in the middle of its course. The disease had been caused by a puncture three months previously. After the vessel had been tied, Mr. Fergusson cut into the tumour, and turned out a fibrinous clot the size of a small walnut. The patient was a man, aged 33; he has recovered well. *Case* 3. A woman, aged 22, was admitted into King's College Hospital, having divided all the structures, on the outer side of the fore-arm down to the bone, by a piece of glass. Mr. Atkinson, the House-Surgeon, at once tied both ends of the radial artery. Under treatment. *Case* 4. Ligature of the femoral artery, by Mr. De Morgan, in a case of femoral aneurism, under care in the Middlesex Hospital. The compression treatment had been tried without avail for nearly six months, and had failed to effect the consolidation of the tumour. The ligature came away on the twenty-third day after its application, and the tumour has since become solid and much reduced in size.

Excision of Bones and Joints.—In Case 4 of our Report for April last, removal of the foot by amputation at the ankle-joint has at length been performed. The patient is a man, aged 20, under the care of Mr. Birkett, in Guy's Hospital. The original operation consisted in excising almost the entire scaphoid bone in a state of caries. The case had proceeded very slowly, and the patient was urgent for amputation. The examination of the foot after the operation revealed a condition of things much better than had been anticipated. The cavity left was filled up with fibrous structures, and the remains of the scaphoid were united firmly with the internal cuneiform and the astragalus. There was no diseased bone remaining.

The other cases of this class remain under treatment. During the month the following have been performed:—

Case 1. By Mr. Birkett, in Guy's Hospital, removal of portions of the tarsal bones in a state of necrosis, from the foot of a woman, aged 24. The disease had existed for a year. Under treatment. *Case* 2. By Mr. Erichsen, in University College Hospital, excision of portions of the tarsal bones from the foot of a woman, aged 22. Amputation at the ankle joint has subsequently been performed. *Case* 3. By Mr. Statham, in University College Hospital, removal of some carious bone from the os calcis of a man who has been the subject of two prior operations. *Case* 4. A man, aged 20, was admitted into Guy's Hospital, under the care of Mr. Cock, for disease of the metatarsal bone of the great toe. Amputation of the whole had been proposed to him in another Hospital. Mr. Cock laid bare the diseased bone, and, finding the periosteum separated, and the bone carious, cut away the entire shaft of the latter, leaving only its head in articulation with the cuneiform. The opposed articular facet of the first phalanx was covered with healthy granulations, and it was, therefore, not interfered with. The case has done remarkably well, and healing is now almost complete, the toe being about an inch shortened. *Case* 5. A man, aged 35, was admitted into Guy's Hospital, under the care of Mr. Cock, having just before sustained an injury in which the metacarpal bone of his left thumb had been fractured, and the whole of the extensors cut through. The thumb was, in fact, hanging by the muscles of its ball, and the bone was crushed. Mr. Cock removed the carpal half of the metacarpal bone, and then, adjusting the parts as well as circumstances allowed, supported the remains of the thumb in position by means of a pad of sponge. The case is doing very well, and the thumb will be saved. *Case* 6. By Mr. Moore, in the Middlesex Hospital, excision of a diseased metatarsal bone. Recovered.

Removal of Malignant Tumours.—The cases left under treatment by last report have all recovered. Number of cases, 7; recovered, 4; under treatment, 1; died, 2.

Case 1. A man, aged 68, under the care of Mr. Erichsen, in University College Hospital, for a returned epithelial cancer of the lip. The disease had recurred twice within eight months. The man was of gouty habit. Recovered. *Case* 2. Removal of the breast on account of rapidly-growing cancer. The patient is a woman, aged 42, under the care of Mr. Walton, in St. Mary's Hospital. Doing well. *Case* 3. By Mr. Birkett, in Guy's Hospital; excision of a tumour from over the left parotid region of a man, aged 52. It had existed for many years, but for the last few months it had been rapidly increasing. For two months there had been paralysis of the left facial nerve. After excision, the tumour was found to be "invested by a loosely defined envelope; firm and fibrous in its structure in the centre, but surrounded by a more recent development of carcinoma." Recovered well, the paralysis being persistent. *Case* 4. A girl, aged 17, of ruddy and healthy appearance, was admitted into King's, under the care of Mr. Fergusson, for an enormous mass extending from the anterior border of the left scapula to the sternum, and from the top of the shoulder above to the level of the seventh rib below. The axilla was so filled that the arm was kept at right angles with the body. Constant and extreme pain was caused by the pressure of the tumour on the axillary plexus. The growth was of two years' existence, but had attained three or four times its former bulk within the last two months. During the few weeks that she was in the Hospital it increased very fast, and the girl's health rapidly declined. At her earnest solicitation Mr. Fergusson consented to operate. The operation consisted in exposing the mass by a T shaped incision, and then dissecting it away. A considerable quantity of blood was lost. The patient never rallied, but died about fifteen hours after her removal to bed. At the autopsy numerous nodules of the growth were found attached to the tendons around the shoulder-joint, to the capsule of the joint, the heads of the scapula, and humerus. The disease was medullary cancer. *Case* 5. A woman, aged 50, under Mr. Partridge's care in King's, on account of a scirrhous tumour above the right mammary gland, and unconnected with it. The tumour was the size of a hen's egg. Erysipelas followed the excision, and the patient died on the seventh day. *Case* 6. A man, aged 72, under the care of Mr. Cock, in Guy's, for an epithelial cancer of the lower lip, and a similar growth on the mucous membrane inside the cheek. The disease in the lip was excised, and that in the cheek removed by ligature. The wounds quickly healed. *Case* 7. An elderly woman, under the care of Mr. Cock, in Guy's Hospital, for malignant polypus of the left nostril. Mr. Cock had to slit up the ala in order to remove the whole of the growth, which adhered extensively to the lining membrane. Recovered.

Tracheotomy.—Case 1. A female child, aged 5, under the care of Dr. Bence Jones, in St. George's Hospital, for croup. She was admitted extremely ill, and tracheotomy was performed by Mr. Prescott Hewett, under very urgent circumstances. Some masses of false membrane were removed. The child recovered well. For particulars see *Medical Times and Gazette* for December 2. *Case* 2. A healthy boy, aged 3½, was admitted into King's, having swallowed some boiling water from the kettle-spout. Tracheotomy was performed by Mr. Atkinson, the House-Surgeon, twelve hours after the accident, the child being at the time unable either to speak or swallow. To subdue subsequent inflammation, calomel was prescribed, and unfortunately produced salivation. On the fifth day the canula was removed; and from that time to the 8th, when death occurred, the respiration was almost natural. Death appeared to be from exhaustion. There was a large sloughing ulcer in the left cheek. At the *post mortem*, the larynx was found to be quite recovered from the inflammation, and there were no evidences of bronchitis. *Case* 3. A man, aged 26, under the care of Mr. Paget, in St. Bartholomew's Hospital, for syphilitic disease of the larynx. He had suffered during the preceding day several very urgent paroxysms of suffocative dyspnœa, and, for fear of their recurrence at a time when assistance might not be at hand, Mr. Paget advised him to submit to tracheotomy. This was accordingly done; and for some days he appeared relieved. Broncho-pneumonia, however, subsequently occurred, and carried him off about the eleventh day. No *post mortem* was permitted. There was reason to suspect extensive tuberculous disease of the lungs, and his health at the time of the operation was very bad.

Operations for Urethral Stricture.—The case of Mr. Erichsen's, in University College Hospital, and several others previously mentioned, remain under treatment.

During the month the following have been performed:—

Case 1. A man, aged 20, under the care of Mr. Fergusson, in King's College Hospital, for stricture, the result of an injury five years previously. The stricture had for some time been impassable; but, under chloroform, Mr. Fergusson succeeded in introducing a No. 1 catheter, which served as a guide for the section of the diseased part. The incision needed was but small; very little blood was lost; and no difficulty whatever attended the operation. Excepting that a catheter instead of a grooved staff was used, the operation was the one known as "Syme's." The man did well at first; but, on the sixth day, a severe rigor occurred, followed on the next day by pain in the chest and dyspnœa. The symptoms of pyæmia soon became marked, and death occurred on the fifteenth day. At the *post-mortem*, the wound showed no signs of action, but there was no suppuration either in or around it, nor any discoverable evidence of phlebitis. In the front of the chest was a large diffuse abscess, and numerous purulent deposits were also found in the lungs and liver. *Case* 2. A man under the care of Mr. Fergusson, in King's, for stricture with perineal fistulæ. The stricture was divided, and the fistulæ laid open. Under treatment. *Case* 3. A man in King's, under the care of Mr. Lee, for stricture. Perineal section was performed. The wound has entirely healed, and the urine passes in a free stream, a No. 9 silver catheter being easy of introduction. *Case* 4. A man, aged 39, the subject of a long-standing and close stricture, under the care of Mr. Coulson, in St. Mary's Hospital. With much difficulty the introduction of a Syme's staff was accomplished, and perineal section was then performed. The stricture being long, a free division was required. Doing well.

Removal of Necrosed Bone.—Case 1. By Mr. Birkett, in Guy's Hospital, removal of the shaft of the humerus which had necrosed after an amputation through its middle six months ago. The patient is a sailor, whose arm was removed for sloughing after a compound fracture; the stump inflamed, and was much swollen afterwards. There are yet some fragments of bone to come away. *Case* 2. A boy, aged 14, under the care of Mr. Quain, in University College Hospital. A small portion of dead bone was removed from the tibia. Erysipelas followed the operation, but the boy is now doing well.

Operations of this class, but without having any particular interest attached, have been performed in eight instances besides the above. In several the patients are convalescent, and in the others they are doing favourably.

Plastic Operations.—The cases of Rhinoplastic Surgery, under the care respectively of Mr. Erichsen, in University College, and Mr. Ward, in the London, remain under care. In each a second operation for making the septum has been performed.

For Vesico-Vaginal Fistula.—Case 1. By Mr. Hilton, in Guy's Hospital. The opening was about large enough to admit a quill. An attempt was made to close it entirely by paring the edges, dissecting up the mucous membrane, and connecting the flat surfaces by means of sutures. The surfaces brought into contact were at least a quarter of an inch broad. The catheter could not be retained in the bladder, on account of its extreme irritability. No union resulted, but the woman left the Hospital before it could be seen to what extent the orifice would contract during the healing process. She was, at the time of the operation, several months pregnant. *Case* 2. By Mr. B. Brown, on a case several times before operated on in St. Mary's Hospital. No union resulted.

For Urethral Fistula.—Case 3. A man, aged 37, under the care of Mr. Cock, in Guy's, for a fistula just anterior to the scrotum, exposing the urethra. It had resulted from sloughing, and the parts around consisted of hard cicatrix. The hole itself was as large as a threepenny piece. Mr. Cock freely pared away the indurated borders of the opening, and then brought up a flap of skin from the scrotum, and united it by the Glover's suture, so as to completely close the wound. A flexible catheter was retained. Union appeared to proceed well for a few days, when sloughing attacked the part, and laid open the whole into a large and deep sore. The phagedena has now ceased, and the healing by granulation is proceeding well. The intention of the operation has of course quite failed.

For Harelip.—Case 4. By Mr. Hilton, in Guy's Hospital, on an infant, for double harelip, with great projection of the incisive bone, but no cleft in the palate. The projecting portion of bone, with its teeth, was cut away, and the lip united over its extremity. The palate was narrow—had an appearance as if it had been laterally compressed, a ridge running down its middle. The parts united perfectly. *Case* 5. By Mr. Curling, in the London Hospital, on a young woman, aged 21, for double harelip. An operation performed in infancy had, although successful, left an unsightly gap. Mr. Curling operated in the usual manner; an admirable adaption was procured, and perfect union followed. This case, like the preceding, was peculiar, in that, although there was double harelip, yet the palate was not cleft. The uvula was, however, bifid, and the soft palate extended further forward than usual, the bone being deficient; the middle incisive teeth were placed with their inner edges projecting, so as to form an angle, and there was also the same appearance of ridges in the palate, as was observed in the other. *Case* 6. By Mr. Adams, in the London Hospital, on an infant five weeks old for single harelip, accompanied by fissure of the palate. The pins were removed on the third day; perfect union resulted.

For Cicatrices.—*Case* 7. A girl, aged 9, in King's, under the care of Mr. Fergusson, for a cicatrix in the left angle of the mouth, after sloughing in typhus. Much improved. *Case* 8. A woman, aged 44, in King's, under the care of Mr. Partridge, for the results of syphilitic ulceration of the lip. After the operation, ulceration again attacked the part, and entirely prevented union. *Case* 9. A girl, aged 13, in King's, under the care of Mr. Lee, for a cicatrix after burn, drawing the chin down towards the chest. The contracted part was divided, and a flap of skin from the left mammary region transplanted into the gaping wound. The flap retained its vitality, and the case is doing well. *Case* 10. A girl, aged 17, under the care of Mr. Cock, in Guy's Hospital. Both hands were drawn down at acute angles with the forearm by the contracted cicatrices of a severe burn: Mr. Cock has treated one hand by division of the impeding bands and union of the lips of the wound from side to side by Glover's suture. Great benefit has resulted.

For Cleft Palate.—*Case* 11. A man, aged 22, in King's, under the care of Mr. Fergusson, with congenital cleft extending through the soft palate only. The usual operation was performed, and with complete success. The man left the Hospital on the tenth day.

For Vaginal Rectocele.—*Cases* 12 and 13. In these cases, both of them under the care of Mr. I. B. Brown, in St. Mary's Hospital, the usual operation for diminishing the size of the vagina was successfully performed.

For Prolapsus Uteri—*Case* 14. By Mr. I. B. Brown, in St. Mary's Hospital. The woman had suffered long and severely. The usual operation was performed. Thus far, it appears likely to be quite successful.

Excision of Non-Malignant Tumours.—Mr. Hilton's case (*Case* 6), in which a large ulcerated follicular tumour had been excised from the scalp, remains under treatment, and is doing well. The other cases on last month's list are recovered.

Case 1. By Mr. Hilton, in Guy's Hospital, a broad-based exostosis from the lower jaw of a girl, aged 12. It was about the size of half a chestnut. The wound healed quickly. *Case* 2. By Mr. Hawkins, in St. George's Hospital, from a woman aged 25, removal of an exostosis from the ilium, the size of a walnut. Recovered. *Case* 3. By Mr. Tatum, in St. George's Hospital, excision of a large mass of warts from the scrotum and inner side of the thigh. The growth had existed for years, and the man, whose age was 56, was in such bad health, that malignant disease was suggested. It proved, however, to be of innocent nature. Recovered. *Cases* 4 and 5. Excision of fatty tumours, by Mr. Prescott Hewett, in St. George's Hospital. Recovered. *Case* 6. By Mr. Hawkins, in St. George's Hospital, excision of a chronic mammary tumour from the breast of a woman aged 22. Recovered. *Case* 7. A man, aged 56, was admitted into St. Mary's Hospital, under the care of Mr. Lane, on account of a large sebaceous cyst in the neck. The tumour was the size of a large orange, and was situated beneath the platysma, below the ramus of the jaw. During the operation for its removal, the facial artery and vein, and the external jugular vein, were divided, and considerable hemorrhage occurred. The patient recovered well. *Case* 8. By Mr. Fergusson, in King's College Hospital, removal of a very large fatty tumour from the arm. It had been growing for forty years, and caused much inconvenience from its bulk and weight. The patient was discharged well three weeks after the operation. *Cases* 9, 10, 11, and 12. Fatty or sebaceous tumours successfully removed.

Paracentesis of the Chest.—The case mentioned last month, under the care of Dr. Birkett, at the City of London Hospital for Diseases of the Chest, remains under treatment. The fistula remains open, and there continues very profuse suppuration. The case is now complicated with pneumothorax, as air has freely entered. The child's health a little improves, but he does not gain much flesh.

Operations for the Cure of Nævus.—The case (*Case* 4) under the care of Mr. Athol Johnson, in the Hospital for Sick Children, remains under treatment.

Case 1. By Mr. Hilton, in Guy's Hospital, on a child aged six months; injection of a large nævus on the abdomen, with the perchloride of iron. Three injections were practised, about fifteen minims being thrown in each time. Some sloughing followed, but the case is now doing well.

Cases 2 and 3. By Mr. Prescott Hewett, in St. George's Hospital; nævi; treated in the one case by ligature, in the other by nitric acid. Both cured. *Case* 4. In Guy's Hospital, by Mr. Cock, injection of a large nævus with the perchloride of iron. The nævus was chiefly of a venous nature, involving the entire thickness of the right cheek, and very rapidly extending, At birth it had been very small, but when brought under care at the age of 5 weeks, it involved, in a direction backwards from the angle of the mouth, an extent almost equal to that of a crown piece. The infant was in fair health. The injection produced great irritation, and for several days afterwards the state of the little patient was one of great danger. It refused to take food, had slight convulsions, and the extremities became cold. By the use of wine, etc., it was rallied. Some sloughing followed, by which the disease has been pretty well destroyed. Until within the last few days the infant has, since its recovery from the first symptoms, done well; but it has lately again been off its food (the mother having lost her milk), and the result as to recovery must yet be considered doubtful. *Case* 5. A child, aged 1 year, under the care of Mr. Fergusson, for a nævus the size of a half walnut, on the crown of the head. Needles were passed through its base, and it was surrounded by a twisted suture. Cured. *Case* 6. An infant, aged 3 months, under the care of Mr. Hutchinson, at the Metropolitan Free Hospital, for a nævus the size of a halfpenny on the scalp. Needles and ligature round the base were employed. Cured. *Cases* 7 and 8. Under the care of Mr. Fergusson, in King's College Hospital. In both the injection of the perchloride of iron was tried; but not succeeding, ligature was in each case afterwards employed. Cured.

Operations for Fistula in Ano.—A considerable number of operations of this class are performed each month. During the last month, twelve such have occurred. None of them present features of interest sufficient to make them worthy of individual mention. All have been either successful, or are doing well. The sphincter ani has also been divided in a case of different character—one, namely, of fissure by the anus. The patient, a woman, under the care of Mr. Cock, in Guy's Hospital, had suffered extremely before, and has been quite relieved by the operation.—*Medical Times and Gazette*, December 23, 1854.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Annual Meeting of the American Medical Association.—We invite attention to the notice in our last number, p. 10, in relation to the meeting of our National Medical Congress, to be held in the City of Philadelphia on the 1st of May next, and would urge upon the societies and institutions entitled to send delegates, the importance of making their appointments at an early day. It is also important that the credentials of members should be forwarded as soon as possible to the Secretary, Dr. F. West, Phila., in order to enable the Committee of Arrangements to adopt some plan for avoiding the annoying delays experienced by delegates in registering their names.

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College of Physicians of Philadelphia.—The following gentlemen have been duly appointed to represent the College of Physicians at the approaching meeting of the American Medical Association:—

Drs. J. Rodman Paul, Isaac Hays, G. B. Wood, John Neill, F. G. Smith, E. Hartshorne, G. W. Norris, Franklin Bache, R. A. Given, Bernard Henry, Francis West, P. B. Goddard.

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St. Joseph's Hospital.—Dr. ALFRED STILLÉ has been appointed a delegate to represent this Hospital at the next meeting of the American Medical Association.

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Smallpox.—It is stated, in the *Medical Counsellor* (Jan. 27), that this disease is quite prevalent in Cincinnati, and has made its appearance in several parts of the State.

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Correction.—We have been requested by Dr. CHAS. J. MORTON, of Springfield, Pa., to notice a very glaring typographical error in the Report of the Delaware County Medical Society, as published in the *Transactions* of the Medical Society of the State of Pennsylvania, of last year. It is stated, in the printed report, that "opium was given early and freely, requiring, in some cases, from ten to *one hundred and fifty grains* in twenty four hours." It should read: "Opium was given early and freely, some cases requiring from ten to *fifteen* grains in twenty-four hours, *especially in men of previous intemperate habits.*" The error, which did not exist in the MS, and was that of the printer, appears almost too obvious to need correction, as every intelligent physician would correct it for himself.

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Boston Medical and Surgical Journal.—Drs. Wm. W. Morland and Francis Minot have been associated with Dr. Smith in the editorship of this journal. The zeal, ability, and high character of the new editors afford ample assurance that this journal will hereafter fully represent the advanced condition of medical science in Boston and the active efforts constantly making there for its improvement; and, at the same time, that the dignity and lofty position of the profession will be faithfully maintained.

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Barnum's Latest.—A bill has been introduced into the New York Assembly, to incorporate P. T. Barnum and others into an Hydropathic Medical College, "for the purpose of *promoting* Medical Science" [! ! !].

FOREIGN INTELLIGENCE.

Atmospherical Ozone and the Cholera.—According to Professor Schönbein, the discoverer of cotton-powder, a complete absence of ozone has been remarked in the atmosphere at Berlin during the invasion of the cholera. Dr. Bœckel, of Strasburg, informs us, that in that town also the presence of cholera coincided with the absence of ozone, and that ozone reappeared as soon as the epidemic decreased.

Dr. Billiard, of Corbigny, is of opinion, that the diminution of ozone in the atmosphere is the first cause of cholera, and that this modification of the air brings forth a change in the animal organization, in consequence of which, the liquids contained in certain vessels and the substances contained in the digestive tube, are withdrawn from vital action, and only remain subject to the forces by which inert matter is ruled.

Thus the production of a putrid fermentation, the disengagement of gases, and other physical phenomena, by means of which, according to Dr. Billiard, "all the morbid symptoms of cholera, from its period of incubation, to its fatal, or favourable termination, may be explained."

What is ozone? To this question we will endeavour to give a comprehensive answer, as the subject is well worthy of attention, and its assiduous study, added to daily meteorological observation, promises to be no less interesting to the physiologist and pathologist than it is at present to the chemical philosopher. Ozone is nothing else than oxygen itself, but so different from the body to which, since Priestley's discovery, we are accustomed to give the name, that it has been extremely difficult to find out its real nature.

Oxygen has no smell. Ozone, on the contrary, has a very penetrating odour; resembling, at the same time, that of chlorine mixed with air, and of phosphorus or sulphur in combustion.

It is the odour which manifests itself after repeated electrical discharges. The new permanent qualities acquired by oxygen when it changes into ozone is not confined to its smell alone. Its oxidizing power is much greater than that of common oxygen. The latter combines only very slowly with mercury at an ordinary temperature; the former, on the contrary, unites itself very rapidly with this metal.

Van Marum was the first who found this remarkable body, in 1785. Having at his disposal the great machine of Tayler's Museum, he excited sparks in a tube filled with oxygen. After 5,000 sparks the oxygen had acquired a strong smell, "which seemed to us," says this natural philosopher, "to be clearly the smell of electrical matter." From 1785 to 1840, these remarkable experiments were completely lost sight of; but, in the latter year, Professor Schönbein, while decomposing water by a galvanic battery, remarked, that the production of the hydrogen gas was accompanied by a peculiar smell, and published a paper on this subject. What was this new body? A simple one, or a composition of oxygen with hydrogen or azote. The ingenious chemist left the question undecided, but gave the name of ozone to the odorous substance.

Eight years after, Mr. Williamson, a member of the Royal Society of London, pronounced, that according as ozone is produced by a galvanic battery, developed by the electric spark, or brought forth by the action of air or phosphorus, it is a hyperoxide of hydrogen and azotic acid, or a mixture of the two. Professor Schönbein had meanwhile continued his researches. In 1850, he expresses an opinion that ozone is a highly oxygenated combination of hydrogen. In 1851, Messrs. Marignac and De la Rive came to the conclusion, after a series of experiments, that ozone is nothing else than oxygen in a peculiar state of chemical activity, impressed upon it by electricity. Berzelius and Professor Faraday also believed in a simple modification of oxygen, in an isomeric or allotropic state of the body. Professor Schönbein, taking up the question for the third time, ranged himself in 1851 to the opinion of M. Martignac and De la Rive. Most chemists, however, still hesitate to admit the modification of oxygen; but the experiments published in 1852, by Mr. E. Fremy and Edmund Becquerel, seem to have removed all doubts on the subject.

Thus, ozone is only a peculiar form of oxygen produced by electricity; a change analogous to that which the solar rays bring forth in chlorine by rendering its affinities more powerful, or to the modifications which are excited by heat in sulphur, phosphorus, and carbon.

This fact having once been admitted, the question naturally arose, whether the changes we bring about in our laboratories are not produced spontaneously in the atmosphere; and this was very soon affirmatively answered. Since 1850, Professor Schönbein had ascertained that ozone decomposes iodide of potassium, and concluded that the best reagent for finding out the presence of ozone is starched paper containing a small quantity of the iodide. Paper thus prepared and exposed to the action of the atmosphere soon revealed the presence of ozone. But it was evident that this singular body could not always be contained in the air in the same proportions; and to study these variations, a scale must necessarily be formed. An ozonometrical measure was easily established by dividing into ten shades the chromatic interval between the absence of ozone, which is white, and the deepest colour which this substance can possibly bring about by decomposing iodide of potassium. By means of this scale, the daily variations of atmospheric ozone may be ascertained in the same manner as those of the temperature and weight of the air are indicated by the thermometer and barometer.

Several men of science, impressed with the importance of this new branch of meteorological observations, have devoted peculiar attention to it. The following Table, published by the *Strasburg Medical Gazette* gives us the mean of the observations of Dr. Bœckel, of Strasburg, and Mr. Simonin, of Nancy :—

	Simonin.		Bœckel.	
1853.	Morning.	Evening.	Morning.	Evening.
April . .	5.93	6.66	5.50	6.33
May . .	5.71	6.71	5.70	6.60
June . .	5.55	6.37	4.34	6.25
July . .	4.44	5.42	4.10	6.50
August .	4.39	4.74	4.33	6.18
September .	5.23	5.80	3.00	4.83
October .	3.94	4.32	3.00	3.50
November .	3.50	0.93	1.60	0.50
December .	5.16	1.58	4.00	2.00
1854.				
January .			5.35	2.71
February .			7.00	4.50
March .			3.50	4.40

Dr. Bœckel makes the following remarks :—

"In summer, the ozonometrical mean is, according to my observations, constantly more considerable during the day-time than it is at night; the ozonoscopical paper being exposed from morning to evening to two maxima of electricity; while during the night the reactive paper only traverses one maximum period, which is between two and four in the morning.

"In winter, the inverse seems to take place; the electrical affinities being then most likely less energetic, in consequence of the absence of the sun, although experience seems to have proved that a greater quantity of electricity is produced in winter.

"During a fog, the ozonoscope frequently marks zero, as only the rapid formation of vapours, or their precipitation in rain or snow is accompanied by a disengagement of electricity. This took place during the last four months of last year, which were frequently foggy. The ozonometrical mean of these months has constantly been inferior to that of the remainder of the year.

"Thus we have here a body, the existence of which was not even suspected a few years ago, and which never ceases to act upon us, and upon all animated nature. As to the intensity of its action, it cannot be doubted; for who can question that considerable variations in the oxidizing power of respirable gas has a powerful influence upon respiration, and consequently upon all the vital functions."

According to Dr. Bœckel, malaria always

shows itself with the zero of the ozonoscope, and the same takes place when intermittent fevers are prevalent.

According to Professor Schönbein, a considerable quantity of ozone was observed in the atmosphere at Berlin during an epidemic of influenza, and under a medical constitution predisposing to pulmonic affections; and the contrary took place under the reign of a gastric constitution.

Finally, as we mentioned at the head of the article, the cholera coincided at Strasburg and Berlin with an absence of atmospherical ozone.—*Med. Times and Gaz.*, January 6, 1855, from *La Presse.*

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Surgery of the War.—Primary and Secondary Amputations.—We propose, at present, to speak of the purely surgical aspect of the army in the East, though the medical or hygienic condition of the troops finds them, we fear, in February as badly off as in December or January. The men who fought bravely at Inkermann and Alma, true to the horrors of the Eastern legend, have sunk and yielded to climate; the mighty Thor, with his crown of ice, conquering all alike, English, French, and Russians. A writer on the 13th ult. says: whole English regiments are eating raw food for want of fuel. The poor men, too, are seized with frost-bitten limbs while asleep. The Russians bear all sorts of operations best. They are well fed, and free from scrofula; our men too often are either tuberculous, scrofulous, or, what is now equally bad, dysenteric or scorbutic. The 46th Regiment, which left England 850 strong, now (Jan. 10th) musters only 70 available men; another regiment, which landed in the Crimea 1,000 strong, is now reduced to less than 100 bayonets. Lint and chloroform, opium and castor oil, are sadly wanted. The greatest evil at present is a want of commissariat, or carriage for medical necessaries

We prefer at present noting the result of amputations, as they are already known, some facts of very great value having reached us as to operations at Therapia and Scutari. At the former place, about 70 of those most seriously wounded by shot and shell, consisting of frightful lacerations of limbs, severe compound fractures, &c., requiring amputation, were received; the returns up to the present have quite confirmed what we have so often alluded to—the necessity of all amputations being primary. Of 17 primary amputations on soldiers, including two severe operations on the thigh, only 3 had died; whilst of 12 secondary amputations, 5 had died. One Russian had his hip-joint taken out, and recovered. The primary amputations were thus by far the most favourable, 4 even of these cases having been complicated with compound fractures of other limbs besides those operated on. Of the secondary amputations, five had died, and the others all but died, from gangrene and purulent absorption. The general impression of the naval and army surgeons who had seen the cases was, that operations had been of no use; indeed, in private practice, or where the wounded could be attended to, operation would be totally inadmissible.

It is to be feared we shall have numerous returns of this description. We have now five thousand sick and wounded. The men's health has suffered, too, most disastrously from the use of salt meat rations, so that scurvy has made many of the wounds impossible to heal, and rendered fractures from shot or splinters quite unmanageable. At Scutari, the result amongst the wounded will, we fear, be quite terrific. A somewhat remarkable circumstance is mentioned in our later letters, viz: that some navy surgeons, who went on shore, pointed out all the worst cases amongst the soldiers as suffering from scurvy—a disease not known or suspected by the younger military surgeons. Dysentery, also, of a very bad kind, was carrying off hundreds of men, originating in a dissolved condition of the blood and scurvy, but more generally, perhaps, in the ordinary causes of this terrible disease—viz: vicissitudes of climate, and bad food and clothing, from which, it is unnecessary for us to say, the troops had suffered in no ordinary manner. In the last half-weekly return at Scutari, from the 10th to the 15th January, of 207 deaths, 168 were from dysentery and diarrhœa. It is feared also that there is still a lack of castor-oil, calomel, and opium, so indispensable in the treatment of these cases; and turpentine, so valuable externally when the disease has gone to ulceration of the colon and rectum. Perhaps we may here say, that sulphate of copper and opium, strychnia in pills, and acetate of lead, are also of vast utility. We should hope that in Turkey, the land of opium, this drug would be easily obtained;

sulphate of copper (the cheapest of all pharmaceuticals) must also be readily accessible. We would again and again, in the most earnest manner, press upon the authorities at home the necessity of sending such medicines—about half a dozen in number—not balsam copaiba, which, notwithstanding denial in a contemporary, we hear still was sent, but by mistake. Are not many of our lamentable proceedings, mistakes, and the parliamentary division this week, an emphatic commentary on the medical management of the war, and mistakes, as the French say, *en permanence?* We should not dwell on such small matters, but the present is a moment when all the information at the public disposal should be combined to save our army. All our science is of no avail if such simple remedies are forgotten—if such commonplace matters as opium, lemon juice, quinia, with the remedies we have just indicated, are forgotten, while we are looking up precedents for their use. Indeed, already it has been said, of thirty amputations under the care of one surgeon at Scutari, twenty-two had died from want of medical comforts and wine alone.

The subject of primary and secondary amputations, though at present likely to be forgotten in the large number of those dying from exposure to cold in the batteries at Sebastopol and dysentery, is one still of very great moment, lying at the base of all our military surgery. We have had, we need hardly say, all varieties and much clashing of opinion on the matter. Dionis told Louis IV., in France, that the limbs of the wounded were in greater jeopardy from primary amputations and young surgeons than the bullets of the enemy. Mr. Pott, however, honestly explained it by saying: "It was better to live with three limbs than die with four." Another great military surgeon for his time, Bilguer, was so horrified at the result of large granulating stumps and actual cautery, in what were in his pupil days secondary amputations, that he issued an order against amputating at all. Accordingly, of six thousand wounded Prussians, he did not allow one to have a limb amputated. One half died at once on the field, the remainder were left cripples for life. "To cut off a limb after a bad wound, what is it," he usually asked, "but to add wound to wound?" As a splendid triumph, he gave 11 out of 6,000 cured by Nature—a sad and unusual feat for even the *vis medicatrix.* Let us contrast this with an unpretending, but most valuable report of the Glasgow Infirmary just published: of 461 amputations of both kinds at this institution, we find 177 deaths, 284 recoveries; and when we come to analyze the figures more closely, we discover 197 primary amputations (including 19 of the shoulder and 32 of the thigh, the crushed state of these parts by machinery being quite terrific), yet only 61 deaths, or about 1 in 3; while in secondary amputations, with all the skill this splendid hospital affords, we have 264 secondary amputations of legs and arms, and 116 deaths, or about half. Five cases of excision of the head of the humerus, all successful, have been done also, some for bullets in the bone; 10 of excision of the elbow, from similar causes, 7 completely successful, 3 partially so—all facts of paramount importance in a military point of view. The morbid conditions requiring operation in these cases were: extensive laceration; evulsion and crushing of limbs by machinery, differing little from wounds by cannon-shot in battle, the fatality assisted by gangrene; burns from melted metal, &c., unknown in military warfare. We have here, in fact, a war of machinery; but scientific surgery, with Mr. Pott in the ascendant.

Such lessons should not be lost on military surgeons. Half an army may be lost as readily by bad surgery as bad generalship. Our whole force might, perhaps, even still be secured; but with our deaths from dysentery alone (quite a preventible disease), carrying off something like two regiments a month, hospital gangrene after secondary amputations threatening to take another, we have not much to hope. The cold was so severe last month, that an officer writing 12th January, says: 40 men, the previous night, had lost their toes; 5,300 were sent, in one month, sick from the trenches, on board ship for Scutari.

In the Crimea, now, the 63d Regiment has only seven men! the Fusiliers, out of 1,562, only 210. In the Peninsula, there were 66,373 men, of whom, as we have often said, 10,000 were lost from wounds; but we have lost more in proportion from preventible illness. The necessity of a reserve medical force in the army has been well shown. Even the lint sent out was of no use from want of organization and surgeons.

We have now eight English hospitals, which we should have had two months ago.

Our French friends draw a broad and well-marked line of distinction between primary and secondary amputations, feeding the wounded and starving them; between conservative surgery, cutting out bullets and injured parts at once, or leaving them, Prussian fashion, to the chapter of accidents. The Turks and French are taught military surgery almost from the first lecture at medical schools, as we have shown elsewhere. Pyæmia, of a bad kind, is almost certain to follow secondary amputations; pneumonia is also a not unfrequent disease. These are accordingly drilled into them. French surgeons, we think, look at the worst of everything, with a keen, philosophic eye. We rather slur over the danger, and look at everything *couleur de rose*, satisfied with the surgery of the year 1811.

At Batgtche Serai, one of the French hospitals, a French surgeon gives a somewhat lively account of their proceedings last month. This, it seems, is one of the fairy palaces of the Turkish empire, as sung by the Tennyson of those climates—otherwise, the great poet Pauschkine. Here, it seems, are many of the galleries and scenes of the real *Thousand and One Nights*, where that famous Scheherzarade, in whom we all delighted in our schoolboy days, told such splendid stories of pepper-tarts, and Sinbad the sailor.

"Arabian nights, indeed," says our French friend, "from four in the morning till eleven at night we tried to get through our primary amputations; of 300 wounded sent here one day, I had to amputate 135. We have had every kind of wound, from simple bayonet wound to complete destruction of limbs by grape and cannon shot. We have avoided pyæmia by the cleanliness of the "Arabian Nights" apartments, and more than anything, by avoiding secondary amputations. Operate early, and feed your patients, if you wish to save life; operate late, and starve them, if you wish for suppuration, unhealed stumps, pyæmia, dysentery, or death. It is a problem worth working out, but not yet begun in our English army.—*Lancet*, Feb. 3, 1855.

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The French Field-Hospitals, or Ambulances.—[The superiority of the organization of the Medical Department of the French Army in the Crimea over that of the English, and the better care and more prompt attention which the sick and wounded of the former nation have received, has attracted very general attention; and, therefore, the following account of the French Field-Hospitals will probably be read with interest]:—

The word *ambulance*, or field or flying hospital, is very familiar to most of our readers; but many are, perhaps, not aware of the actual manner in which these hospitals are organized and conducted. A few details may probably be welcome.

The principle upon which the whole arrangement rests is, that the medical officer —viz: the scientific man, should not be harassed with anxiety about stores and packages, and that those matters should rest entirely with responsible agents, whose duty it is to attend to his directions, within the limits of the regulations. Hence we have the following practical divisions:—

The medical officer at the bedside is invested with the whole control and management of his patient. The pharmacien, upon the surgeon's prescriptions, prepares the medicines; the clerk sees to the procuring and proper use of the required articles of furniture, and to the carrying out of the diet-cards filled up by the medical officer; the ward-attendant takes the immediate charge of the sick or wounded man; the sisters of charity and chaplains aid in the work of benevolence and kindness; the assistant-commissariat officer, who receives orders from his superior, watches over the management of the whole; and the regular working of all these secures a perfect unity of action.

The ambulances, temporary hospitals, and convalescent depôts, are intended, during a campaign, for the reception of the wounded or sick soldier. If the seat of war is too distant from the frontier of France, where hospitals are organized for the reception of the sick or convalescent, an eligible locality is chosen for the erection of temporary hospitals; hence the great central nosocomial establishment of Constantinople. Now, these various modes of relief for the soldier—viz: the ambulance, the temporary hospital, the convalescent depôt, and the permanent hospital, have each a peculiar organization.

The ambulance is the movable hospital,

which follows the army in all its movements. There are ambulances for the infantry, and others for cavalry—all connected with the different divisions. At head-quarters there is, besides, a reserve of surgeons and two ambulances of infantry and one of cavalry, always ready to go forward at a moment's notice. It was important, in order to insure lightness and rapid movements from one place to another, to arrange the packages so that they might not prove cumbrous under any circumstances. Everything must, therefore, be reduced to the least volume, and all the requisites for dressing wounds are disposed in panniers, the weight of which is so calculated as to suit the strength of a pack-horse, in case the usual wagon breaks down, or cannot be got through a difficult country.

Only five carriage boxes are allowed for the reception of the following articles: amputation and trephining cases, tents, litters, splints, solidified broth, brandy, linen and lint, medicines, &c. These fives boxes or cases constitute an infantry ambulance, and provide 8,900 dressings. Three cases, with 4,900 dressings, form a cavalry ambulance. These ambulances are subdivided into active and reserve sections. The *reserve section*, which comprises two cases for the infantry, and 3,500 dressings; and one case, with 1,500 dressings for the cavalry, remains generally with the wagons attached to the corps, and is kept ready to supply the *active section* with any article which may be wanted. The latter is again subdivided into ambulance *depôt*, and *flying* ambulance.

The depôt ambulance settles down at a convenient distance from the battle-field, and the attendants immediately take down the cases from the wagons, prepare the linen, lint, dressings, &c. They light a fire, and immediately make, with their solidified broth, a good saucepanful of soup. This is called the *precaution soup*, and thus they have at once what we should call beef-tea for the wounded. Everything being thus prepared, a red flag is unfurled, to apprise the wounded men where they can get relief. The flying ambulance goes, in the meanwhile, to the immediate rear, *within* the enemy's range, to attend to the men who receive dangerous wounds. At the same time, clerks, under the command of commissariat officers, and accompanied by medical officers, proceed along the lines, and cause the wounded to be taken up by the attendants and the drivers. This latter arrangement is especially intended to prevent the soldiers from yielding to compassion, and succouring their fallen comrades, no man being allowed to leave the ranks, however desirous of aiding the wounded.

The ambulances just described are called the European ambulances, but there is another kind, called African ambulances, which latter have been instituted to serve in countries devoid of roads and destitute of accommodation. An ambulance of this kind, calculated for a corps of 10,000 men, contains 6,500 dressings, and requires 364 pack mules. Twenty-four of these carry iron litters, on which soldiers who have had a limb amputated, may be placed; and 250 carry little arm-chairs made of iron and leather, which may be unfolded, slung, and fastened to the pack-saddle, and will take a patient on each side of the mule.* The rest of the mules carry the casks of diet drinks, the stretchers, the blankets, the leather covers for the sick, the tents, the surgical boxes, the cases containing the drugs, &c. Sixteen medical officers, 7 clerks, and 104 attendants on the sick or wounded are attached to this ambulance, which is mainly intended by its fleetness for vanguard service, and for picking up the wounded on the field of battle. Both the European and African ambulances are being used in the Crimea with the best effects.

One hundred light carts have lately been sent to the seat of war by order of the minister. Three wounded men can be accommodated on the front seat; there is a case behind, properly secured, which is so made as to contain two stretchers; and boxes, surrounded by wire-work, are intended for the guns and sacs of the soldiers. These carts, though light, are very strong, and may, if necessary, be drawn by one horse only.

Such are the characters of the ambulances, the peculiarity of which is, to move rapidly from place to place, and to be ready for all the emergencies of war. Thus, before Sebastopol, the ambulance placed in the trenches receives the wounded immediately they are struck, and these are sent, after the first dressings are applied, to the ambulances placed behind the lines. Hitherto all the sick and wounded were attended to in the latter ambulance until they could be removed to Constantinople; but General Canrobert has just established a temporary hospital on the beach of the bay of Kamiesch, which hospital accommodates 500 patients. This is a great boon for the sick, a great proportion of whom will be saved the tedious and perilous passage to Constantinople in this inclement season. Although this hospital is only temporary, it is established according to the regulations of the permanent institutions of the same kind. Hence the medical staff for the 500 patients is composed as follows: Two chief medical officers, three principal ones, and twelve assistants; one chief pharmacien and two principal ones. The food is the same as in the hospitals at home, but the men are not given hospital shirts, trousers, or great-coats. The bed furniture is not so complete as in the permanent hospitals, but each man has a palliasse and a blanket; and, for every twentieth man, there is one mattress, three sheets, caps for the fever patients, various vessels, &c. The whole of the articles for such a temporary hospital weighs 30,000 lbs., and requires 55 cubic yards of stowage; the pharmaceutical portion weighs about 3,600 lbs., and requires 9 cubic yards' stowage.

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* See, in the Illustrated London News, Jan. 27, 1855, p. 80, a print of these "*cacolets*."

A convalescent depôt has also been established, where soldiers are under the same discipline as with their regiments; but they receive double rations of wine daily, and are exempt from duty until they have completely recovered.

The permanent hospitals are, of course, not restricted as the one just described, hence the hospitals of Constantinople are under the same regulations, and in possession of the same articles, as those of France. Ten thousand either wounded or sick soldiers receive at this moment, though 800 leagues from their country, the same attention as they would have at the Val de Grace or Gros Caillou in Paris.—*Lancet*, February 10, 1855.

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Gelatine Paper.—Mr. Dobell has called the attention of the Royal Society to gelatine Paper as a medium for colouring light, likely to be useful in many employments, and in cases of weak sight. This kind of paper, which was first invented at Rouen, in 1829, is now produced in great perfection; it is highly transparent, and in sheets measuring sixteen inches by twenty-two, but can be made, if required, of the dimensions of the largest plate glass. These sheets, moistened with a solution of gelatine, may be stuck on the panes of a window, and thus change the light admitted to any required colour. A green light, falling on the white silk made up by dressmakers, deprives it of all its painful glare; and in the same way, yellow silk is made to appear green by a blue light, as has been proved by actual experiment, and it is attended with the happiest results. Jewellers who have tried the green paper, say that, when once accustomed to working in a coloured light, they find it greatly relieves their eyes. In reading, too, a sheet of the green paper laid on the page preserves weak eyes from being injured by the strong contrast of black and white, and enables many to read with comfort who have been hitherto obliged by too susceptible vision to abstain from books. Other applications of gelatine paper naturally suggest themselves; it may be used as screens and shades for many purposes; the glasses of spectacles may be coated with it; gardeners may use it in their conservatories; and the yellow will probably be taken into their service by photographers. By the addition of a small quantity of acetate of alumina during the process of manufacture, the gelatine paper becomes water-proof, just as linen or woollen cloth is rendered water-proof by the same chemical substance.—*Med. Times and Gazette*, January 6, 1855, from *Chambers' Journal.*

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Gallantry of a British Surgeon in the Battle of Inkermann.—A correspondent of the *Times*, in the Crimea, writes: "At one time, while the Duke of Cambridge was rallying his men, a body of Russians began to single him out, and to take shots at him in the most deliberate manner. A surgeon of a cavalry regiment, Dr. Wilson, 7th Hussars, who was attached to the brigade, perceived the danger of His Royal Highness, and with the greatest gallantry and coolness assembled a few men of the Guards, led them to the charge, and utterly routed and dispersed the Russians. The Duke's horse was killed in the course of the fight. At the close of the day he called Dr. Wilson in front of the regiment, and publicly thanked him for having, in all probability, saved his life.

THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

Statistical Report of the Principal Operations performed in the London Hospitals, during the Month of December, 1854.

Lithotomy.—The patient in *Case* 7 of last month's report, then under treatment, has since recovered.

Number of cases, 7; recovered, 5; died, 2. *Case* 1. A large, corpulent man, aged 62, under the care of Mr. Fergusson, in King's College Hospital. He had suffered severely from symptoms of stone for two years. A large lithic acid calculus was removed without difficulty by the usual operation. On the second day afterwards, typhoid symptoms, with low delirium, supervened, and on the third day death took place. *Case* 2. A man, aged 54, but whose aspect was more like that of 70, under the care of Mr. Birkett, in King's College Hospital. He had suffered severely from the stone for upwards of two years and a-half. A stone of moderate size was removed. Not much blood was lost during the operation; but, in the following night, hemorrhage to the extent probably of about six ounces occurred. For two days he appeared to be doing fairly, but subsequently sank into a low state, and died on the sixth day. At the autopsy there was found acute inflammation of the left kidney, suppuration and complete disorganization of the right, a collection of pus between the left vesicula seminalis and the bladder, and lobular pneumonia of both lungs. The cause of these lesions had doubtless been pyæmia. *Case* 3. A delicate boy, aged 3, under the care of Mr. Quain, in University College Hospital. There was a perineal fistula, through which the urine escaped. The stone was very small; and, in its extraction, Mr. Quain did not find it necessary to incise the prostate. The boy recovered well; he had previously suffered severely. *Case* 4. An unhealthy boy, aged 2½, under the care of Mr. South, in St. Thomas's Hospital. The usual operation was performed, and the boy recovered

Published monthly by BLANCHARD & LEA, Philadelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage to the subscriber.*

☞ *In no case will this work be sent unless the money is paid in advance.*

very well. *Case* 5. A boy, aged 8, in fair health, under the care of Mr. Charles Guthrie, in the Westminster Hospital. The usual operation was performed, and a mulberry calculus removed. Recovered. *Case* 6. A very delicate boy, aged 8, under the care of Mr. Athol Johnson, in the Hospital for Sick Children. Recovered. *Case* 7. A boy, aged 5, under the care of Mr. Athol Johnson, in the Hospital for Sick Children. Recovered. Some troublesome secondary hemorrhage, probably venous, occurred; it was arrested by large doses of gallic acid.

Herniotomy,—Number of cases, 16; recovered, 6; died, 10.

Case 1. A woman, aged 46, under the care of Mr. Callaway, in Guy's Hospital. Hernia femoral; strangulated five days; symptoms severe. The taxis had been abused before admission. The reduction was very easily effected without opening of the sac, and the vomiting afterwards ceased. Some hours after the operation, however, the patient began to sink, and death took place on the following day. No autopsy was permitted; but Mr. Callaway opened the sac of the hernia from the wound, and found it much inflamed, and containing a portion of adherent omentum. A part of bowel, which was dragged down, was extremely congested. *Case* 2. A very fat woman, aged 67, under the care of Mr. Birkett, in Guy's Hospital. The hernia was femoral, of old standing, and had been strangulated fifty-five hours. The sac was opened, and the bowel, although much inflamed, was deemed recoverable, and accordingly returned. On the third day the bowels acted spontaneously; but, on the fifth, the gut gave way into the womb, and feces escaped. The artificial anus continued open ever afterwards, and the feces passing in part by it and in part by the natural passage. Death, with symptoms of exhaustion, occurred on the twenty-fifth day. At the *post-mortem* the gut was found firmly united by adhesions to the sac, the opening in it being about capable of admitting a quill. There was a large collection of matter behind the peritoneum. *Case* 3. A woman, aged 68, admitted in an all but hopeless state, under the care of Mr. Fergusson, into King's College Hospital. The hernia was femoral, and had been irreducible for three months. The history given was, that for six days she had suffered from severe symptoms of strangulated bowel, during the whole of which time she had been attended by a surgeon's assistant, who had proposed nothing efficient for her relief. There had been obstinate constipation and continued vomiting, which latter had at length become of stercoraceous character. The tumour was about the size of a bantam's egg, and livid. Mr. Fergusson immediately operated. The sac having been opened, a portion of intestine, in an advanced state of decomposition, was found, which smelt most offensively, and beneath it lay a very small knuckle of deeply congested intestine. The stricture was very tight. The omentum was cut away with scissors, and the bowel returned. The patient survived only nine hours. At the autopsy, about an inch of the ilium was found in a gangrenous state; and, although not actually perforated, broke down readily under the finger. There was a good deal of adhesion from recently effused lymph, and some pus lay here and there in spots over the highly congested coils of bowel. The obturator artery rose from the epigastric, and crossed the neck of the sac; it had not, however, been injured. *Case* 4. A woman, aged 75, admitted into St. Bartholomew's Hospital, under the care of Mr. Stanley, suffering from a femoral hernia, which had been strangulated four days. The taxis had been much abused before admission. The sac having been opened, the intestine was found gangrenous, and feces had escaped, The stricture was divided, and the gut laid open. The patient sank from peritonitis on the fourth day. At the autopsy the evidences of extensive peritonitis were found. *Case* 5. A woman, aged 48, under the care of Mr. Stanley, in St. Bartholomew's Hospital. Hernia femoral; strangulated forty-eight hours. Much force in attempts at taxis had been employed, and the patient suffered from acute peritonitis at the time of the operation. The sac was not opened. The peritonitis continued to increase in spite of treatment after the operation, and the patient died on the fourth day. The *post-mortem* showed extensive peritonitis. *Case* 6. A woman, aged 48, under the care of Mr. Lawrence, in St. Bartholomew's Hospital. She was in very feeble health, and had been badly fed. There was a femoral hernia on the right side, nearly as large as a walnut. Strangulation had existed for ninety-six hours, during which time there had been extreme pain and constant vomiting. The surgeon in attendance had applied blisters to the abdomen, and exhibited calomel, the nature of the case not being discovered. Mr. Lawrence operated immediately. The sac was opened, and about ʒij of dark-coloured serous fluid escaped. The intestine was very dark, and, in a small portion, felt soft and flaccid; it was, nevertheless, thought best to return it. Feces escaped by the wound seventy-two hours after the operation, and continued to do so up to the time of death, which took place on the fifteenth day. There had been, during the whole time, discharge of feces by the rectum also. Death appeared to be from exhaustion. At the autopsy the bowel, which had been down, was found to be a portion of the lower tract of the ilium. It adhered firmly to the neck of the sac; the aperture in it would about admit a quill. The bowel above the seat of disease was distended with flatus; that below was empty and collapsed. There was no peritonitis. *Case* 7. A man, aged 69, under the care of Mr. Lawrence, in St. Bartholomew's Hospital. Hernia scrotal, as large as two fists; strangulated three hours; sac not opened. The man had bronchitis before the operation, and afterwards was in a critical condition from congestive pneumonia; he, however, with this exception, recovered well. *Case* 8. A woman, aged 30, under the care of Mr. Ward, in the London Hospital. Hernia femoral; strangulated forty-eight hours. The operation was by the small incision over the inner side of the neck of the sac, the sac being, of course, not opened. The symptoms were severe before the operation, but the patient did uninterruptedly well afterwards. Opium in half-grain doses twice daily was exhibited during the six days following the operation. *Case* 9. A woman, aged 50, under the care of Mr. Adams, in the London Hospital. Hernia femoral; strangulated four hours. There were almost no symptoms of strangulation present; but, as the tumour was tense and irreducible, Mr. Adams deemed it best to relieve it. Sac not opened. Recovered without a bad symptom. This woman had been operated on on the same side two years previously by Mr. Adams. There was nothing in the condition of the parts to reveal this circumstance, the scar being imperceptible; the fact was, indeed, not known until after the second operation. In the first, the incision had been a very small one, and the sac not opened. *Case* 10. A very fat woman, aged 58, under the care of Mr. Solly, in St. Thomas's Hospital. Hernia umbilical, as large as a fist; strangulated twenty-four hours. Sac opened, and found to contain a knuckle of bowel, and a large mass of omentum. The intestine was returned, and the omentum left in sac. For several days the patient was sunken and extremely ill; she ultimately, however, recovered. *Case* 11. A man, aged 48, under the care of Mr. Simon, in St. Thomas's Hospital. Hernia femoral; strangulated thirty hours; sac not opened. Recovered without a bad symptom. *Case* 12. A woman, aged 70, admitted moribund, under the care of Mr. Cŏck into Guy's Hospital. She had suffered from strangulated femoral hernia for at least sixty hours, and was in an extremely weak condition. Some brandy was given; and, by a small incision over the neck of the sac, Mr. Cock succeeded very easily in effecting the return of the bowel, the sac not being opened. The operation was done as the patient lay on the bed, and without chloroform, her condition being such that the incision was scarcely felt. Death took place about six hours afterwards. *Case* 13. A woman, aged 70, admitted moribund into St. George's Hospital, under the care of Mr. Cutler. Hernia femoral; strangulated eight days; sac opened. Death from collapse two hours afterwards. *Case* 14. A woman, aged 60, admitted into St. George's Hospital, under the care of Mr. Hawkins. Hernia femoral; strangulated three days; sac opened. The patient had peritonitis at the time of the operation, and the intestine in the sac was covered with lymph. Death from peritonitis followed on the fourth day. *Case* 15. A woman, aged 60, under the care of Mr. Pollock, in St. George's Hospital. Hernia femoral; strangulated two days; sac opened. Recovered. *Case* 16. A woman, aged 43, under the care of Mr. Canton, in the Charing-Cross Hospital. Hernia femoral; strangulated upwards of three days; sac opened. The woman was extremely ill, and had stercoraceous vomiting. A few days before, she had had the gut strangulated; but it was then reduced by taxis. Death from peritonitis followed twenty-eight hours after the operation. At the autopsy the strangulated portion of bowel was found to have almost completely recovered itself. There was very extensive peritonitis, and much effusion of lymph, with a considerable quantity of fluid also. There were fibrous tumours in the uterus, and cysts in the ovary.

Ovariotomy (Exploration).—An unmarried woman, aged 22, in excellent health, florid, and moderately stout, from the country, was admitted into St. Bartholomew's Hospital, under the care of Dr. West, on account of a large ovarian cyst. Her health and youth being considered, it was deemed very desirable to attempt a radical cure of the disease. The tumour was supposed to arise from the right side, but it had considerably passed the median line, and now filled the lower part of the abdomen. At Dr. West's request, Mr. Paget proceeded to attempt the removal of the cyst. An incision about two inches long was made for the purpose of exploration, a little to the right of the median line, midway between the umbilicus and pubes. The finger being introduced, it was found that the cyst adhered in all directions, and though perhaps not so firmly as to have been inseparable, it was thought best not to proceed with the operation. A puncture having accordingly been made, and a large quantity of fluid removed, the wound was closed. The wound afterwards reopened, and there has been suppuration from the interior of the cyst. The patient has been extremely ill, and reduced in a state of severe hectic; the suppuration is, however, now fast decreasing in quantity, and her condition is improving. It is nearly two months since the operation.

Trephining of the Skull.—Case 1. A man, aged 50, was admitted into the London Hospital, having sustained a fracture of the skull, from falling into a ship's hold. There was depression of bone near the anterior inferior angle of the right parietal, but not to a great extent. The symptoms of compression continuing severe, it was, on the second day, determined to cut down and examine the spot. By means of Hey's saw, and an elevator, Mr. Luke removed the depressed portion of the bone, and then, with a spatula, took out a large mass of blood, which extended between the dura mater and the skull downwards towards the base of the brain. The dura mater was not torn. No benefit resulted from the operation, but the man lived two days afterwards. An autopsy was not permitted by his friends, but it was very probable that the base of the skull had been fractured. *Case* 2. A sailor lad, aged 16, was admitted, under Mr. Ward's care, into the London Hospital, having fallen from the mast of a ship. There was a fracture of the frontal bone, which extended downwards from the left eminence into each orbital plate. No symptoms of compression were present during the first three days; on the fourth they supervened, and Mr. Ward accordingly proceeded to remove the depressed bone. A portion, of wedge shape, being quite detached, was easily extracted, and the elevation of the rest was then accomplished without its being needful to use either the trephine or Hey's saw. The fracture appeared to be very extensive, and the dura mater was much lacerated. Death occurred on the day following the operation. *Case* 3. A man, aged 49, was admitted, under the care of Mr. Hilton, into Guy's Hospital, having sustained a compound fracture of the skull from the fall of a brickbat on to his head. Paralysis of the left arm was his only symptom, the intellect being unimpaired. That symptom persisting, the elevation of the bone was performed on the second day. The dura mater was not originally lacerated, but it subsequently sloughed, and a fungus of the brain appeared. Rigors afterwards occurred, and the man sank into the condition characteristic of pyæmia. Death took place on the fourteenth day. At the *post-mortem*, the veins of the diploe were found filled with pus, and there were many insulated spots in the lungs in a state of acute pneumonia. The injury to the brain had affected the right optic thalamus. *Case* 4. A man, aged 35, was admitted, under Mr. Birkett's care, into Guy's Hospital, having, with intention of suicide, discharged a pistol loaded with a single ball close to his right temple. The ball had not entered the skull, but had been divided by the bone into two halves, which lay embedded in the soft parts. A portion of the frontal bone had been driven in, and was supposed to be the cause of the symptoms of cerebral compression which were present. Mr. Birkett used the trephine, and removed from the dura mater some spiculæ of bone which had been driven into it; the dura mater itself was lacerated. The patient survived the injury for six days. At the autopsy there was found extensive contusion and laceration of the right cerebral hemisphere, which had probably been caused by the force of the explosion. *Case* 5. A man, aged 42, under the care of Mr. Erichsen, in University College Hospital. The bone was extensively injured, depressed, and comminuted; but there were no symptoms of compression of the brain. The man has done well since the operation, and the wound is fast healing.

Amputations.—Two of the cases mentioned last month, and left under treatment, have recovered; the other two are yet under care.

Number of cases, 30; recovered, 11; under treatment, 13; died, 7.

Of the Thigh.—*Case* 1. A man, aged 60, under the care of Mr. Hancock, in the Charing-Cross Hospital, for great deformity of the leg, consequent on old standing disease and repeated fractures. He was in very feeble health, but recovered well after the amputation. *Case* 2. A man, aged 38, under the care of Mr. Hancock, in the Charing-Cross Hospital, for diseased knee-joint. He was hectic and much exhausted. A small portion of bone exfoliated during the healing of the stump, but with this exception the recovery was uninterrupted. *Case* 3. A man, aged 28, admitted, under the care of Mr. Hilton, into Guy's Hospital, with a compound fracture involving the knee. Primary amputation was performed, but the man sank on the third day. No *post-mortem* was permitted, but the man had passed blood by the urethra, and it was believed that he had sustained a rupture of the kidney. *Case* 4. A man, aged 25, under the care of Mr. Callaway, in Guy's Hospital. Ligature of the femoral artery had been performed on account of a diffused aneurism of the popliteal, and amputation had become necessary in consequence of gangrene of the leg. The man was extremely reduced. Death from exhaustion followed. *Case* 5. A man, aged 19, under the care of Mr. Stanley, in St. Bartholomew's Hospital, for diseased knee-joint. He was in very feeble health, but appeared to be doing well after the amputation until an attack of diarrhœa occurred, under which he sank. Death occurred on the seventh day. The diarrhœa was attributed to his having taken some oranges, of which, in order to escape detection, he had eaten rind and everything. *Case* 6. A man, aged 37, under the care of Mr. Stanley, in St. Bartholomew's Hospital, for diseased knee-joint of eight months' duration, and following injury. Under treatment. *Case* 7. A man, aged 28, in much reduced health, under the care of Mr. Lawrence, in St. Bartholomew's Hospital, for disorganized knee-joint following rheumatism. Recovered. *Case* 8. A boy, aged 6, under the care of Mr. Curling, in the London Hospital. He suffered from necrosis of the tibia, consequent on an injury, and the disease had extended into the knee-joint, involving the epiphysis. He was extremely feeble, having but just recovered from an attack of erysipelas. There had also been some symptoms of chest disease. The operation was one of absolute necessity. The boy did badly afterwards, and died of pneumonia towards the end of the second week. *Case* 9. A man, aged 32, who had for some months been under the care of Mr. M'Murdo, in St. Thomas's Hospital, on account of an ununited compound fracture of the leg. The ends of the bones had been sawn off on two occasions, but without benefit, and by an attack of cellular erysipelas consequent on the last, the man, originally of strong constitution, had been reduced to extreme debility. The operation was one of necessity, and it was much doubted whether he would live through it. His progress has been uninterruptedly good ever since, and the stump is now nearly healed. Chloroform was given. *Case* 10. A man, aged 45, under the care of Mr. South, in St. Thomas's Hospital, for diseased knee-joint. He was, at the time of the operation, in an exhausted, almost "typhoid" state, and died of exhaustion ten days afterwards. *Case* 11. A woman, aged 26, under the care of Mr. Cæsar Hawkins, in St. George's Hospital, for diseased knee-joint. Death from pyæmia resulted on the eighteenth day. *Case* 12. A man, aged 18, under the care of Mr. Cæsar Hawkins, in St. George's Hospital, on account of diseased knee-joint. Death from pyæmia on the eighteenth day. *Case* 13. A man, aged 52, stout, but of bad constitution, who had suffered from diseased knee for upwards of twenty years. On the day following the operation, a most troublesome hiccough was present, and it persisted afterwards in spite of all expedients. No adhesion occurred between the flaps, nor was there the slightest suppuration. Gangrene ultimately attacked the stump and extended up to the groin. The man died on the sixth day after the operation. *Case* 14. A girl, aged 10, under the care of Mr. Hancock, in Charing-Cross Hospital, for diseased knee-joint. She was feeble and hectic. Recovered. *Case* 15. A girl, aged 16, in very feeble health, and suffering from suspicious chest symptoms. The knee-joint was disorganized from inflammation following an accident. Recovered. *Case* 16. A woman, aged 36, in feeble health. The amputation was done on account of diseased knee-joint, consequent on an accident. Recovered. *Case* 17. A man, aged 28, stout and florid, under the care of Mr. Cock, in Guy's Hospital, on account of malignant disease affecting the left knee. The disease had existed twenty months, and proved after removal to be medullary cancer springing from the lower extremity of the femur. Since the operation the man has not done well, the flaps have been rather sloughy, and he has been very feeble. Under treatment.

Of the Leg.—Case 18. A lad, aged 17, admitted with a severe compound fracture, under the care of Mr. Erichsen, into University College Hospital. Primary amputation was performed. Erysipelas subsequently occurred, but the lad is now doing well. *Case* 19. A youth, aged 19, previously in good health, admitted under the care of Mr. Critchett, into the London Hospital, having had his foot torn off at the ankle-joint by a rope. Primary amputation in the lower third of the leg was performed. Erysipelas and sloughing of the flaps followed, by which the ends of both bones have been exposed, and it is intended shortly to remove the projecting portions. The lad is now doing well.

Of the Foot.—Case 20. A woman, aged 24, under the care of Mr. Birkett, in Guy's Hospital, on account of disease of the tarsal bones. A previous operation had been performed for the removal of the diseased portions of bone. (See Report for November, "Excision of Bones and Joints," Case 1.) The disease had since extended, and Mr. Birkett now performed a Chopart's amputation, sawing off also the articular facets of the astragalus and os calcis, which were carious. The patient was in moderately good health at the time of the amputation, and has since done well. *Case* 21. A girl, aged 16, and previously of good health, was admitted under Mr. Wordsworth's care, into the London Hospital, having sustained a severe crush of the foot. Primary amputation at the ankle-joint was performed, the malleoli being cut away with forceps, but the articular cartilage not interfered with. The stump has since done remarkably well. In addition to the crushed foot, the girl had sustained a most extensive laceration of the right side, the skin from the groin to the ribs having been completely torn away. The wound is looking well. *Case* 22. A man, aged 32, under the care of Mr. Ure, in St. Mary's Hospital, on account of diseased ankle-joint. He was feeble, and much out of health. A modified amputation at the joint was performed. Under treatment. *Case* 23. A woman, aged 44, under the care of Mr. Hancock, in Charing-Cross Hospital, on account of diseased tarsus. She was in fair general health. Chopart's amputation was performed, and she has recovered with a good stump,

Of the Upper Extremity.—Case 24. A steady and temperate cabman, aged 55, was admitted, under the care of Mr. Hilton, into Guy's Hospital, having sustained an injury to the elbow. The joint was not thought to have been opened, but erysipelatous inflammation subsequently occurred, and the joint became involved, and was quite disorganized. He sank into a very low state, and it became necessary to amputate the arm. The operation was performed three weeks after the accident, and death from exhaustion followed on the fourth day. *Case* 25. A woman, aged 28, in moderate health, under the care of Mr. Birkett, in Guy's Hospital, for diseased wrist and carpus. Amputation through the forearm. Some slight sloughing of the flaps followed, but the stump has since healed by granulation. Recovered. *Case* 26. A man, aged 27, admitted, under Mr. Birkett's care, into Guy's Hospital, having had his left arm torn off by machinery. The humerus projected, and, having been further exposed and sawn through in its upper third, the torn integuments were then brought together and the stump dressed. A little sloughing followed. Doing well. *Case* 27. A man, aged 27, in fair health, under the care of Mr. Erichsen, in University College Hospital, for diseased carpus. Amputation through the forearm. Recovered. *Case* 28. A boy, aged 15, was admitted, under Mr. Stanley's care, into St. Bartholomew's Hospital, having had his forearm and elbow crushed between the rollers of a printing-machine. Primary amputation through the upper arm was performed. Recovered. *Case* 29. A man, aged 50, of intemperate habits, was admitted, in a state of intoxication, into the London Hospital, under the care of Mr. Wordsworth. He was so uncontrollable, that, in spite of his condition, it was necessary to give chloroform previous to the operation. He had sustained a compound fracture of one arm and a fracture of one thigh, as well as severe contusions. Amputation through the upper arm was performed. He has since had a severe attack of delirium tremens, but is now recovering, *Case* 30. A lad, aged 15, admitted, under the care of Mr. Wordsworth, into the London Hospital, with a crushed hand. Primary amputation through the forearm was performed. Recovered. *Case* 31. A man, aged 31, admitted into St. Mary's Hospital, under the care of Mr. Ure, having had one hand very severely injured by a chaff-cutting machine. Primary amputation at the wrist-joint was performed. Recovered.

Ligature of Arteries.—Mr. Critchett's case of ligature of the carotid for aneurism by anastomosis in the orbit remains under care. There has been a slight attack of hemorrhage from the seat of disease. (*Case* 1 of last Report.)

Case 1. By Mr. Callaway, in Guy's Hospital, ligature of the femoral artery on account of a diffused aneurism of the popliteal, which had been punctured prior to the man's admission. The ligature came away on the fourteenth day, but gangrene of the limb rendered amputation through the thigh subsequently necessary. The man died after the latter operation. (See "Amputations," *Case* 4.)

Excision of Bones and Joints.—In *Case* 1 of last month's report amputation has since been necessary. In *Case* 4, the patient has left the Hospital at his own wish; healing is not complete, and a fragment of bone will probably yet have to exfoliate. The other cases remain under treatment.

Case 1. Excision of the knee-joint, by Mr. Fergusson, in King's College Hospital. A boy, 3½ years old, had suffered from diseased knee-joint for eighteen months, and had two open fistulæ, one in front over the head of the tibia, the other in the popliteal space. Mr. Fergusson laid open the joint from before, cut away the condyles of the femur, and about three-quarters of an inch of the head of the tibia. The patella was left. An abscess was found in the cancellous structure of the head of the tibia. The limb has since been confined in a Mackintyre's splint with sides. The boy is thus far (three weeks after the operation) doing well. *Case* 2. A sailor, aged 32, the subject of constitutional syphilis, was admitted into Charing-Cross Hospital, under the care of Mr. Hancock, suffering from carious disease of the left half of the body of the lower jaw. The disease was so extensive, that excision was necessary. Mr. Hancock cut the bone through with forceps, near the angle posteriorly, and near the symphysis in front, the intervening portion being entirely removed. The man recovered well.

Removal of Necrosed Bone.—*Case* 1. A girl, aged 18, under the care of Mr. Curling, in the London Hospital. The whole of the second metatarsal bone of the left foot was removed. It was quite loose, and enclosed in a shell of new bone. Recovered. *Case* 2. A man, aged 32, under the care of Mr. M'Murdo, in St. Thomas's Hospital, having suffered from necrosis of the tibia for ten years. Some large fragments of bone were removed, and the wound is now granulating healthily. *Case* 3. A man, aged 22, in a state of extreme exhaustion from old disease of the hip-joint. The femur was dislocated into the dorsum ilii, and the great trochanter nearly protruded through the skin. It was hoped that there might be some necrosed bone, and with this view a free incision was made over the seat of disease. No loose bone was found, and the operation consequently consisted in exploration only. Very little blood was lost on the operating-table, but subsequently there was a slight hemorrhage, from the effects of which the patient sank. Death took place on the seventh day. No *post-mortem* was permitted. *Case* 4. A middle-aged woman, under the care of Mr. Coulson, in St. Mary's Hospital, for necrosis of tibia. A portion of dead bone was removed. Under treatment. *Case* 5. A man, aged 34, under the care of Mr. Stanley, in St. Bartholomew's Hospital. Several small portions of dead bone were removed from isolated cavities in the tibia. The cavities were lined by smooth villous membranes. The man was of strumous constitution, and had had syphilis. The wounds are now quite healed. *Case* 6. A boy, aged 14, under the care of Mr. Paget, in St. Bartholomew's Hospital, with necrosis of the tibia. A large portion of bone removed. Doing well.

Removal of Malignant Tumours.—The case left under care by last month's Report has recovered (*Case* 2).

Number of cases, 10; recovered, 6; under treatment, 2; died, 2.

Case 1. A woman, aged 40, under the care of Mr. Birkett, in Guy's Hospital, on account of a large ulcerated growth of medullary cancer from the left breast. The disease was of twelve years' duration, and had been ulcerated several weeks; in the axilla was a secondary growth. The operation of excision of the mammary growth was performed in order to mitigate the patient's intense sufferings. The wound healed most favourably. *Case* 2. A woman, aged 56, under the care of Mr. Lane, in St. Mary's Hospital, on account of scirrhus of the breast. The gland was excised. Doing well. *Case* 3. A woman, aged 80, under the care of Mr. Stanley, in St. Bartholomew's Hospital, on account of a melanotic growth, partly pendulous, springing from the lobule of the left ear. It had proceeded from a mole which had been accidentally scratched, and had been of six months' growth. It was superficially ulcerated, and bled on the slightest handling. Mr. Stanley removed with it a portion of the ear to which it was attached. There was no gland disease. Recovered. *Case* 4. A chimney-sweep, of middle age, under the care of Mr. Stanley, in St. Bartholomew's Hospital, on account of epithelial cancer of the scrotum. The disease was of nine months' duration. Excision was performed. Recovered. *Case* 5. A married woman, aged 34, under the care of Mr. Spencer Wells, in the Samaritan Hospital. The right breast was excised on account of a malignant growth. The wound healed by the first intention, and the woman was discharged in a fortnight. Professor Quekett examined the structure of the growth, and described it as an epithelial cancer. The epithelial cancer cells were believed to have formed in the tubes, which had given way and the whole gland had become infiltrated with them. *Case* 6. A man, aged 44, under the care of Mr. Cock, in Guy's Hospital, on account of a tumour over the parotid region. It had been noticed five years before, and had gradually increased, being now of the size of a chestnut, but flattened. A partial excision had been performed before his admission. Mr. Cock found the growth somewhat diffused and adherent closely to the surrounding tissue. It appeared to be of scirrhous nature. The wound healed well, with the exception of a small parotid fistula, which still remains.—See "Amputations," "Excision of the Testis," and "Removal of the Eyeball."

Excision of the Testis.—*Case* 1. A tolerably healthy-looking man, aged 43, under the care of Mr. Partridge, in the King's College Hospital. His right testis had been gradually enlarging for three years, and was the size of a closed fist, firm, and heavy. There was no cachexia, and the cord was not thickened. He complained only of a dull, dragging pain in the loins, and occasionally along the cord. Mr. Partridge extirpated the gland, which was afterwards found to consist of a mass of disease, in which traces either of tubules or of the epididymis could scarcely be found. Under the microscope vast quantities of cells, some of them being compound, were seen interspersed with a few fine fibres. The patient did well for the first week after the operation, when the wound was attacked by erysipelas, which, however, under a stimulant treatment, passed off in about four days. He was subsequently extremely troubled with flatulence, which also, to some extent, had been the case prior to the operation. The belly, however, became tympanitic, and his features assumed a sunken appearance. Death from exhaustion occurred on the eleventh day. At the autopsy, a mass of malignant disease, the size of an adult liver, was found in the lumbar region. It extended upwards as high as the pancreas, and downwards as low as the division of the aorta, while laterally it was in contact with both kidneys, those organs being, however, not involved. The chief mass of the tumour was firm and hard, but on each side were portions of a soft and almost gelatinous structure. The tumour having been dissected, the aorta was found to pass almost through its centre, and was contracted, just above its division, to about one-third of its calibre. The ascending vena cava was pushed away to a considerable distance from the artery, and just below the renal veins was so much contracted as to be almost obliterated. (There had been no œdema of the lower extremities during life.) The ureters were natural in size though they passed through the tumour. *Case* 2.

A man of middle age, under the care of Mr. Cutler, in St. George's Hospital. The testis was excised on account of encephaloid disease. Death occurred on the seventh day. The autopsy showed evidences of peritonitis, and also of encephaloid disease of the lumbar glands.

Removal of the Eyeball.—In September last, Mr. Cock performed an operation in Guy's Hospital for the removal of a tumour which extended deeply into the upper half of the orbit of a healthy-looking boy, aged 10. (See report in this Journal for January, 1855, page 6.) The tumour had then been growing for ten months, and had previously been subjected to an incomplete excision by a surgeon in the country. Mr. Cock found it quite circumscribed, and enclosed in a cellular capsule, and he believed that he had succeeded in removing the whole of it. The wound healed well, the eyeball sank back into its proper place, from which it had been protruded, and the lad was discharged, having perfect use of the organ. He remained well for nearly three months, when the tumour again began to grow, and in the course of a fortnight increased to five times its former bulk, protruding and disorganizing the eyeball by its pressure. In this condition the boy was re-admitted under Mr. Cock's care in December. Removal of the entire contents of the orbit was performed. The tumour was again found to be a circumscribed growth, and had no attachments to bone. It had, however, distended the upper lid, and adhered somewhat to the eyebrows. The boy has done remarkably well since the operation. The orbit has filled with granulations, and is covered by the upper lid. He is to be discharged in the course of a day or two. There is still some doubt as to whether the tumour should be deemed really cancerous, or only recurrent.

Removal of Non-Malignant Growths.—*Case* 1. A woman, aged 27, under the care of Mr. Cock, in Guy's Hospital, for an encysted tumour the size of a walnut over the bridge of the nose. It was believed to have been of congenital origin. It was excised, and the wound soon healed. *Case* 2. A boy, aged 12, under the care of Mr. Simon, in St. Thomas's Hospital, for an exostosis the size of a small egg growing from the upper and inner part of the humerus. It was removed. Recovered. *Cases* 3 and 4. Removal of nasal polypi from patients at the Samaritan Hospital, under the care of Mr. Spencer Wells. In the first case, a common gelatinous polypus was extracted in the usual way from each nostril. In the second, Mr. Wells separated the growth from its attachments by passing his finger by the mouth into the posterior nares. The passages were completely freed in both cases. *Case* 5. A woman, aged 33, under the care of Mr. Coulson, in St. Mary's Hospital, had small mammary glandular tumours removed from each breast. Recovered. *Case* 6. A woman, aged 20, under the care of Mr. Hancock, in the Charing-Cross Hospital, on account of an exostosis the size of a large pigeon's egg, springing from a little above the inner condyle of the femur.

Tracheotomy.—A boy, aged 10, was admitted, under Dr. Todd's care, into King's College Hospital, having suffered from sore throat for about a week. He had great difficulty of breathing at the time of admission. There was no œdema of the epiglottis, nor any abnormal appearance in the pharynx or upper aperture of larynx. The cough was croupy, and the breathing stridulous. The dyspnœa, urgent from the first, became more and more so every hour, and twenty-four hours after admission became so extreme as to threaten immediate suffocation. Under these circumstances, Mr. Atkinson, the House-Surgeon, performed tracheotomy. Great relief was instantly given, but it was only temporary, and death occurred five hours later. At the *post-mortem*, a continuous coating of false membrane was found lining the trachea and bronchi, extending even into the smallest ramifications of the latter.

Operations for Urethral Stricture.—*Case* 1. A man, aged 46, the subject of stricture for years, was admitted into King's College Hospital, under the care of Mr. Lee, suffering from retention of urine. No instrument could be passed, but under the use of the warm bath, opium, etc., he was relieved. A week later, while yet in the House, and no instrument having been passed, retention again occurred, and did not, as before, yield to treatment. Under very urgent circumstances, Mr. Lee performed perineal section without a guide, and succeeded in dividing the stricture. A No. 9 catheter was introduced and retained. Hitherto (three weeks) the man has done well, and the result promises to be successful.

Puncture of the Bladder.—*Case* 1. A

man, aged 46, in much enfeebled health and of dissipated habits, was admitted into the London Hospital, under the care of Mr. Wordsworth, suffering from retention of urine. He had had stricture for upwards of fourteen years. All attempts at catheterism failed, and the warm-bath, opium, castor-oil, etc., gave no relief. On the following day he was evidently suffering from uræmic poisoning, and Mr. Wordsworth determined to puncture the bladder by the rectum. About sixty-five ounces of urine were drawn off. On the fifth day afterwards the canula was removed, but for near a fortnight subsequently the urine continued to escape into the rectum. Meanwhile, an abscess had formed in the perineum, and after being opened urine escaped by the wound. The man's strength has been supported by the very free use of stimulants, etc., and he is now doing very well. The wound in the bladder is quite closed, only a small fistula remains in the perineum, and a No. 8 catheter can be passed with ease by the urethra.

Operation for the Cure of Ununited Fracture.—A case in which ivory pegs have been introduced into the ends of the bone to secure union in a case of ununited fracture, is under the care of Mr. Erichsen, in the University College Hospital. We shall publish its full particulars at some future time.

Plastic Operations.—The cases of rhinoplasty previously reported may be considered well. The patients have been discharged.

For Protrusion of the Testis.—A man, aged 59, under the care of Mr. Simon, in St. Thomas's Hospital, on account of protrusion of the testis through an ulcerated opening in the scrotum. The edges of the ulcer were freely pared, and, having been dissected up from the sides of the gland, were united together by sutures over the latter. No union occurred, and the testis was again exposed in the course of a short time. By careful strapping, however, a good cure ultimately ensued, and the man has just left the hospital with a sound scar.

For Cleft Palate.—A girl, aged 18, under the care of Mr. Fergusson, in King's College Hospital. The entire soft palate and uvula were cleft, and the fissure extended an inch forwards into the hard palate. Mr. Fergusson performed the usual operation, and united the soft palate, not attempting to close the aperture in the hard part. Excepting that the uvula remained bifid, the operation was quite successful.

For Hare-lip.—In a case of single hare-lip, in an infant ten weeks old, under the care of Mr. Hancock, in Charing-Cross Hospital. Successful.

Operations for the Cure of Nævus.—In Mr. Cock's case (*Case* 4 of last Report), in which the perchloride of iron had been injected into a large nævus in the face of an infant, death has since ensued. The infant had diarrhœa, and, although the local condition was improving, it sank from exhaustion in the fourth week.

Case 1. A boy, aged 12, under the care of Mr. Birkett, in Guy's Hospital, on account of a nævus in the tissues of the chin, which had slowly increased in size since the age of two years. It felt remarkably solid, and had a dead, black hue. Mr. Birkett excised the whole, and the wound quickly healed. *Case* 2. A child, under the care of Mr. Athol Johnson, in the Hospital for Sick Children, had a subcutaneous nævus, the size of a marble, on the end of the nose. Two injections of the perchloride of iron were practised. No suppuration followed either, and a firm, hard lump was all that remained when the child left the Hospital. *Cases* 3, 4, and 5 were treated by ligature in the Charing-Cross Hospital, under the care of Mr. Hancock, and were all successful.

Paracentesis of the Chest.—The case previously mentioned under Dr. Birkett's care at the City of London Hospital for Diseases of the Chest, has since ended fatally. (See Reports for October and November.) Pneumothorax had supervened on the operation, and the child sank under the hectic induced by the profuse suppuration.

Injection of an Ovarian Cyst with Iodine.—In the case of a woman, aged 35, under the care of Mr. Baker Brown, in St. Mary's Hospital, the injection of an ovarian cyst after evacuation by puncture was practised. The tincture of iodine of the Edinburgh Pharmacopœia was used. Very little pain was induced either during or after the operation. Evidences of iodine were detected soon after the injection, both in the urine and the sputa. The cyst is refilling.

Excision of Portion of Nerve Trunk.—A man, aged 47, has been for some time under the care of Mr. Hilton, in Guy's Hospital, on account of a painful stump after amputation at the wrist-joint. Much relief had for a time been afforded by the use of an aconitine ointment, but as the pain always returned when the remedy was intermitted, the result was not satisfactory. The pain was not limited to any particular spot, but, as it chiefly affected the parts to which the ulnar nerve is distributed, Mr. Hilton determined to excise a portion of its trunk. This was done a little below the internal condyle, about an inch being removed. The wound healed well, and in a week or two the man had complete relief; more latterly, however, there has been pain in other parts of the stump. Under treatment.

Operation for Bursal Tumour in the Palm.—A girl, aged 18, is under Mr. Hilton's care in Guy's Hospital, on account of effusion into the thecæ, passing under the anterior annular ligament of the wrist-joint. The swelling presented both above and below that ligament, and the presence of small loose bodies could be easily detected. Mr. Hilton made an incision into the swelling above the wrist, squeezed out its contents, and removed a large number of melon-seed-like bodies. No division of the palmar ligament was practised. The case has done remarkably well, and healing is almost complete, without any undue inflammation having occurred.—*Med. Times and Gaz.*, January 27, 1855.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

American Medical Association.—Our great National Medical Congress will hold its eighth annual meeting in Philadelphia, on Tuesday, May 1; the session will open at 11 o'clock A. M. We trust that the assemblage will be a very large one, and that every portion of the Union will be represented. The profession, in this city, will feel it a duty and pleasure to do everything in their power to render the visit an agreeable one to their guests, while they will be gratified at having the opportunity afforded them of reciprocating the many liberal hospitalities extended to them by their brethren in the different cities in which the Association has hitherto assembled.

The Committee of Arrangements are engaged in making preparations for the meeting.

The Musical Fund Hall, in Locust St. between Eighth and Ninth Streets, has been engaged for the use of the Association.

To avoid the delays usually experienced in registering the delegates, a printed form will be furnished to each delegate, the appropriate blanks in which he is requested to fill up with his name, that of the institution which he represents, and his residence, designating the City, County, and State.

The Committee of Arrangements will attend at the Hall of the College of Physicians, in Spruce St., between Eighth and Ninth Streets, on Saturday, April 28, and during the day and evening of Monday, April 30, and at the Musical Fund Hall, on Tuesday morning, May 1, to receive and verify credentials and register the delegates.

Delegates are earnestly requested to register themselves at the earliest opportunity; and all institutions which have appointed delegates should transmit to the Secretary of the Association, Dr. F. West, Philadelphia, an official notification thereof without delay.

Negotiations are in progress with the different railroad companies, and with a prospect of success, by which delegates, on exhibiting their credentials, will, both on their journey to Philadelphia and on their return home, be conveyed at half the regular fare.

University of Pennsylvania.—Professors Jackson and Hodge have been appointed Delegates to represent the Medical Faculty of this School, at the next meeting of the American Medical Association.

Pennsylvania Hospital.—Drs. G. W. Norris and Wm. Pepper have been elected delegates to represent this hospital at the next meeting of the American Medical Association.

Medical Society of the State of Pennsylvania.—The annual session of the Society will be held in Hollidaysburg, on the last Wednesday (30th) of May, at 10 o'clock in the forenoon.

The Secretaries of the several County Societies will please forward the lists of delegates to either of the Secretaries.

D. FRANCIS CONDIE, Phila.
HENRY CARPENTER, Lanc.
Secretaries.

Peculiar Effects of Chloroform.—Dr. E. H. Clarke mentioned to the Boston Society for Medical Observation the case of a girl, 20 years old, who inhaled chloroform for the purpose of having a tooth extracted. She recovered apparently from its influence, and walked home, the distance of a quarter of a mile. Her conversation was, however, incoherent, and her gait unsteady. Soon after reaching home she became paralyzed, losing both sensation and the power of motion. The skin was cold and pale; respiration *saccadic* and the pulse feeble; no rigidity of the muscles. She came out of this state, and then became furiously insane, together with which were constipation and deficient secretion of urine. This condition of things lasted from a week to ten days, and then her usual health returned.—*Boston Med. and Surg. Journal,* March 1, 1855.

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Clay-coloured Feces without deficiency in the Biliary Secretions.—Dr. Ellis has met with an instance where the discharges from the bowels were clay-coloured for some time previous to death, and at the autopsy the feces in the upper part of the intestine were yellow, and in the lower part white, showing that the secretions of the intestine are as necessary to give the natural fecal colour as the bile itself. Dr. E. remarked upon the importance of this fact, as in such cases it is the liver that is always blamed, when very possibly it may be the intestines that are at fault.—*Ibid.*

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Mineral Acids in Nausea and Vomiting during pregnancy.—A writer in the *Peninsular Journal of Medicine* states, that he has successfully used the mineral acids for the relief of obstinate cases of vomiting during pregnancy. Some cases in which he administered dilute sulphuric acid are noticed, but the dose and method of administration are not stated.

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Medical Graduates in 1855.—

Starling Medical College	19
Yale College	10
Medical College of South Carolina	77
Rush Medical College	41
Castleton Medical College	19
New York Medical College	32
University of Pennsylvania	178
Jefferson Medical College	257

Women's Hospital.—A hospital for the special treatment of diseases to which females are liable, has been, very recently, established in New York. The following gentlemen compose the Medical Board:—

J. Marion Sims, M. D., *Attending Surgeon.*

Alex. H. Stevens, M. D., and Valentine Mott, M. D., *Consulting Surgeons.*

Edw. Delafield, M. D., and John W. Francis, M. D., *Consulting Physicians.*

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The Western Lancet.—Prof. L. M. Lawson, having removed to Louisville, has retired from the editorship of this Journal, and is succeeded by Dr. T. Wood. Dr. Lawson, during his whole course of editorship, has always manifested the most catholic spirit, exposing and denouncing quackery in all its forms, and strenuously upholding the honour and dignity of scientific medicine. We regret to lose so able and zealous a coadjutor, and wish his successor, whom we have no doubt will pursue the same course, success in his labours.

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Eye Instruments.—We have been shown by Mr. D. W. Kolbe, of No. 45, S. Eighth Street, who was brought up in the establishment of M. Luer, of Paris, a set of eye instruments, both the form and finish of which were excellent. The canula scissors and canula forceps were even more delicate than those shown us last year by M. Luer.

FOREIGN INTELLIGENCE.

Cod-Liver Oil with Quinia.—Mr. Bastick gave to the Medical Society of London (Jan. 27, 1855), the following account of his mode of preparing the above medicine:—

The oleum morrhua cum quina is simply a perfect solution of quinine in cod-liver oil. The quantity of quinine may be varied according to the wish of the prescriber, although it is generally employed in the proportion of two grains to each ounce of the oil. This preparation is best made in the following manner: The requisite quantity of disulphate of quinine is dissolved in distilled water, with the aid of a little dilute sulphuric acid. The quinine is precipitated from this solution by means of an alkaline carbonate; the precipitate is treated with boiling alcohol; the resulting alcoholic solution, after being filtered, is evaporated to dryness. The residue, which is pure quinine, is then added to the cod-liver oil, and the mixture is heated in a water-bath until solution is completely effected, which is known by the oil becoming perfectly transparent.—*Lancet*, February 3, 1855.

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Tourniquets and other Means of Preventing Arterial Bleeding.—It may not be uninteresting to some of our readers to be informed as to the plans in general use in the London operating theatres for preventing hemorrhage. First we may remark, that, in deciding whether to employ manual or instrumental pressure, the surgeon is generally guided by the degree of confidence which can be reposed in his assistants. This was, we believe, Liston's rule in the later part of his life, in which he began to use the tourniquet much more frequently than before. Unless, indeed, the assistant can be relied on most implicitly, instrumental security should never be neglected. There are circumstances, however, in which, as in amputation high up in the thigh, a tourniquet cannot be used. In the only case of removal of the thigh at the hip-joint which has occurred in London during the last two years (Mr. Adams'), the compression of the vessel was maintained by placing a roll of moistened bandage across its course over the brim of the pelvis, on which the assistant's hand was kept. The expedient is one recommended by Guthrie; it answered most admirably, and is well worthy of adoption under all similar circumstances. The advantages of a pad over the thumbs only are manifest; it lays lengthwise across the artery, and the latter is thus prevented rolling from under it. It affords a support to the hand of the assistant, and prevents the fatigue which thumb-pressure, long continued, always causes; it also permits of change of hands, or even of change of assistants, without risk. By making the bandage wet, it adheres somewhat to the skin, and does not slip; it may, if thought necessary, be yet further fixed in place by a broad strip of plaster.

For amputations in the lower part of the thigh we generally see the common circular tourniquet employed. Mr. Skey's ingenious instrument is avoided on account of its supposed liability to slip. Many surgeons place a roll of bandage beneath the pad of the tourniquet, in order to increase its size, which in most instruments is far too small for the femoral artery. Mr. Haynes Walton has had a tourniquet made for this special purpose, with a pad of three times the ordinary dimensions, which answers very well, and avoids the risk of slipping incurred by placing one pad over another. At the London Hospital, an old-fashioned instrument is still used, which consists merely in a belt of webbing, which surrounds the limb, and then passes by its two ends through slits in a piece of thick sole-leather, and is drawn tight by twisting a little wooden handle over which it is tied. Having no screw, it requires, of course, to be held throughout the operation by an assistant. Its sole advantage appears to be its extreme simplicity and cheapness. The whole might be made extempore at the cost of a few pence.

In the treatment of secondary hemorrhages, the instruments usually employed are either Signoroni's or Mr. Skey's, most commonly the former. Both, but especially the former (which is an invaluable piece of apparatus), have the advantage over the circular ones, of not compressing the limb generally.—*Med. Times and Gaz.*, March 3, 1855.

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Trades which Affect the Eyes.—The Committee of the Society of Arts, "On Industrial Pathology on Trades which Affect the Eyes," composed of Dr. T. K. Chambers, Mr. John Simon, and Mr. J. Twining, Jr., have issued an elaborate Report, of which the following is a concise *resumé* :—

"1. That the following classes of artisans are exposed to injury of the eyes from chips, splinters, dust, grit, or fluff—viz: Engineers, masons, stonecutters, stone-breakers, bricklayers, soda-water bottlers, turners, fitters, hammermen and smiths, cutlers, railway guards, rock blasters and quarrymen, millers, chimney-sweepers, workers in cotton, flax dressers, feather cleaners, drug grinders (especially in grinding blistering flies), shoemakers (from breaking of the awl); and that the following appliances have been found useful in preventing the ill consequences of such exposure, viz: for those liable to blows from large portions of hard substances, such as stonebreakers, etc., coarse metal netting as eye guards, and for those exposed to the finer dust, crape spectacles, while at the same time free ventilation of the apartments they work in, would relieve much of the inconvenience.

"2. That the following suffer from the chemical nature of the substances which, in the shape of solid particles, get under the eyelids, viz: bricklayers, workers in lime, workers in potash. No special preventive seems to be here pointed out beyond the placing within reach of the workmen the ready means of immediately cleansing the parts with pure water. Some such apparatus as that described in Mr. White Cooper's communication might be placed in the workshop or superintendent's office. (The action of chemical fumes, strictly so called, has not been reported to cause injury.)

"3. The following suffer from excess of light or glare proceeding from the material used, viz: furnace-men, gilders, bookbinders. No practical remedy for this inconvenience has been suggested, as spectacles which intercept the light would diminish the efficiency of the workman. It may be observed that there is a great difference between excessive illumination of the work and excess of light on the eye. The latter is the most common, and is considered under a separate head.

"4. That the following suffer from deficiency of light, viz: dressmakers, tailors, seamstresses, cobblers, and, in fact, all who, having to direct the needle to a definite spot, are unable to command the requisite amount of direct illumination.

"5. That the ill effects of deficiency of light are much aggravated by working long on the same material or colour. The remedy for this and the foregoing evil, are increase of light and variety of work.

"6. That flickering of light is a great evil, which is felt much by compositors, and all who work at minute objects by gas illumination. The simple remedy for this is the employment of glass chimneys. [Or fishtail burners—glass chimneys giving out too much heat.—Ed.]

"7. It seems improper that an equal quantity of artificial light should fall on the work and on the eyes of the workman. If that is the case the latter become overstrained. This evil, when it occurs, is easily obviated by shades to the light, which defend the eye, and throw the illumination on the required object. The shades should be made of white or light-coloured material, so as to reflect as much light as possible. Ground glass between the light and the worker is injurious, by intercepting and diffusing the illumination instead of directing it on to the object.

"8. It seems doubtful whether heat and cold have much ill influences over the healthy eye; but when it is in a weak, irritated condition, there is no doubt but that they are injurious.

"9. Bad ventilation, constrained postures, over indulgence in spirituous liquors, the fumes of tobacco, and all other violations of healthy habits, are injurious to the eyes at the same time as to the rest of the body, and aggravate the bad effects of the above-named industrial occupations.

"10. The employment of the eye when the body is in an exhausted state from want of food, prolonged working-hours, mental distress, etc., even in handicrafts not of themselves pernicious, is very detrimental to the organ. So that the later periods of work are those which are found most materially to weaken the sight and injure the eye.

The shortening of working-hours would probably be a saving in the end to both master and artisan; for the faulty execution of that which is completed with an imperfect organ must be a loss to the former, while the latter is ill remunerated by slightly increased wages for the risk of illness which he runs.

"11. The diffusion of knowledge bearing on the health of artisans by means of class journals, is worthy of the serious consideration of the philanthropist."

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Experiments with Chloroform.—A series of experiments with chloroform, one hundred and fifty in number, have been recently tried in Paris on the lower animals, which promise some valuable results. The chief animals were birds, reptiles, dogs, and rabbits. The birds were easiest affected, and fell long before lizards or snakes into a state of sleep, mammiferous animals occupying an intermediate position as to time; the relation being very marked in all animals according to the force or development of the respiratory and circulating systems. The irritant action of chloroform was very marked in snakes, their forked tongues being thrust out, though apparently torpid previously. Birds, on the other hand, fell asleep immediately. "The slowness of etherization," the Society d'Emulation reporters think, is in proportion to the previous stage of excitement. The posterior extremities in all animals are first insensible. This is constant, even in reptiles and birds. The eyelids are the parts last affected. Fresh chloroform added to the instrument, when the animals were on the point of falling into anæsthesia, woke them up again, by what was thought a reflex action transmitted from the air-passages. The heart was found beating in some animals after death from chloroform.—*Lancet*, March 17, 1855.

Temperature of the Winter in England in 1855.—The late frost has been the most continued and severe which has occurred in England since the year 1814. The state of the thermometer during the winter of that year, from a register kept by a medical gentleman at Richmond, shows that there were only two days' difference in the duration of these two remarkable frosts. In consequence of the late severe weather setting in nearly three weeks later than in 1814, its mean temperature has been more than 2° higher. From the 4th to the 18th of January, 1814, the cold must have been dreadfully severe, as the temperature never rose so high as the freezing-point, day or night. It does not appear, however, there were such intense frosts as occurred on the mornings of February 11 and 19, 1855, when the lowest readings of the thermometer were 9° and 12° respectively, but 7° and 8° at the Royal Observatory, Greenwich.—*Med. Times and Gaz.*, March 3, 1855.

Effects of the Extreme Cold on Life.—The season of extreme cold has now, we may hope, passed over; and its effects have been seen in the Tables of the last six weeks, when the deaths of 9,408 persons have been registered. These deaths exceed the average by 1,968; which appear under various diseases, and were the indirect results of the low temperature. The temperature of the six weeks was 28·40 on an average, and the deaths were nearly 100 weekly to every degree of depression below the freezing point of water. But the cold affected persons very differently, according to their age; for in the five weeks that ended on Feb. 17, at the first age of manhood (20 to 40) the cold did not destroy 2 in 10,000; at the age of 60 to 80 it was fatal to 38 in 10,000. If the average deaths at each of the five ages are subtracted from the deaths in the five weeks of cold weather, the numbers that are left representing the deaths by cold are 367 children and youths under 20; 159 young men and women of 20—40; 290 middle-aged persons of 40—60; 561 of 60—80; and 173 of 80 and upwards. Upon dividing these numbers by the persons living of the corresponding ages, we find that the mortality by cold in the 100,000 was at the rate of 35 under the age of 20, and 18, 64, 382, and 1749 at the four subsequent ages. The above numbers show that the power of cold on life varies according to definite laws; thus the mortality by cold is (35) twice as great under the age of 20 as the mortality (18) at 20—40; but, after that turning point, the power of resisting cold decreases every year, and men of 90 and men of 30 have suffered from the cold that we have experienced in the proportion of 100 to 1 (or of 1749 to 17·5). The general result is, that the danger after 30 of dying of cold is doubled every nine years of age; for out of the same numbers living, to 1 death by cold at the age of 30, there are 2 at 39; 4 at the age of 48; 8 at the age of 57; 16 at the age of 66; 32 at the age of 75; and 64 at the age of 84. This series at least expresses very nearly the relative mortality by cold at the respective ages during five weeks among two and a-half millions of people.—*Med. Times and Gaz.*, March 3, 1855.

Imperforate Hymen—Subsequent Pregnancy.—Mr. I. B. Brown alluded, at a meeting of the Medical Society of London (February 24, 1855), to the case of a married lady, suffering from imperforate hymen, and thereby prevented from the consummation of marriage, which he brought before the Society in March of last year, and which he subsequently published in his work, *On Some Diseases of Women*, &c. Mr. Brown's object in now again bringing this case before the Society was to record the fact of this lady's pregnancy and safe delivery in less than ten months from the date of the operation. In doing so, Mr. Brown observed that this happy result was the best refutation of the objections raised by some distinguished Fellows of the Society to his mode of operating; for it was evident that no contraction of the vaginal orifice took place after the complete removal of the thickened hymen, yet it was confidently affirmed that such must be the case.

Mr. Brown still, therefore, urged his mode of removing these obstructions in preference to the old one of making crucial or stellated incisions.—*Lancet*, March 17, 1855.

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Of what Disease did the Czar of Russia die?—The editor of the *Lancet*, in his number for March 17 last, has indulged in some speculations on this subject, but he has left the enigma entirely unsolved.

"Reports," he remarks, "from the palace tell the world that he died of inflammation of the lungs, of apoplexy of the lungs, of *atrophy* of the lungs! But we defy the pathologist most skilled in the progress and termination of disease to extract out of palace reports or medical (?) bulletins any consistent or intelligible history of the malady which has destroyed the Czar."

After quoting the newspaper statements and the official bulletin from his medical (?) attendants, the writer in the *Lancet* observes:—

"We are told by his three physicians that the Emperor had at first only the influenza, but that since the 22d of February, 'fever manifested itself, with slight attacks of gout.' On the 28th of February, there was 'pain in the right lung, and the fever was much greater;' on the 1st of March, he is simply 'unwell,' the fever has 'somewhat diminished, and expectoration takes place without difficulty.' No hint of danger yet; and then, at eleven at night of the same day, 'fever had increased, and expectoration from the affected part of the right lung had become more difficult.' And then, early next morning, he was dead.

"Did he die of inflammation and apoplexy of the lungs? If he did, we take upon ourselves to say that the course of the pneumonia was unusually rapid, and marked by circumstances inexplicable by the known laws of those affections. Dating the onset of the inflammation from the 28th February, when pain in the right lung was observed, to the fatal conclusion on the morning of the 2d March, it lasted but forty-eight hours at the utmost. Or shall we surmise that the physicians had overlooked the earlier accession of one of the most severe of diseases? But, on the 1st March, the *second* day of the supposed pneumonia, the *fever* had *diminished* and the *expectoration was easier*, and yet the pneumonia, if pneumonia there were, *must have been progressing*. These statements are utterly irreconcilable. With a pneumonia rapidly advancing to a fatal end, a pneumonia of only forty-eight hours' duration, the fever does not abate, and the expectoration does not become easier on the second day. In the early stages of inflammation of the lungs, the expectoration is always difficult and remarkably viscid. To reason medically, concerning a disease which has a remarkably definite course, it is then probable that on the second day of this rapid and suspicious illness there was no pneumonia at all. But then it is said that, at a period which we must presume to have been about twelve hours before death, 'atrophy of the lungs was *feared*;' and, some hours later, Dr. Mandt communicated to the Emperor 'that atrophy was *possible*.' Now, what particular idea the public may entertain of atrophy of the lungs, we know not; but every medical tyro knows that atrophy is a chronic change of almost imperceptible advances, and that it forms no part of the progress of an acute pneumonia. If we are not at liberty to accuse the physicians of the Emperor of the grossest ignorance, we must conclude that the word 'atrophy' is altogether a mistake, taken up by unprofessional persons. Was it *apoplexy*, then, that destroyed the Czar? Apoplexy and inflammation of the lungs are not absolutely incompatible. But there is something reported which is absolutely incompatible with either or both of these conditions as related in this incomprehensible history. Apoplexy and inflammation of the lungs preclude the idea of the Emperor, in his last moments, blessing his wife, children, and grandchildren, *separately*, *with a* FIRM VOICE.

"We are then reduced to this alternative; either the symptoms reported are fabulous or imperfectly related, or pneumonia and apoplexy of the lungs did *not cause death*.

"Where there is so much of palpable contradiction, so strange a suppression of all public mention of illness until the day preceding death, such scanty information given, and the absence of *post-mortem* examination, it would be idle to speculate upon what was the precise cause of death."

If the statement we have seen made be true, that the Czar entrusted his health to the infinitesimal gentry, the editor of the *Lancet* might have saved himself of the hopeless task of endeavouring to glean a ray of truth from the impenetrable mists of ignorance and extravagance which envelop the imaginings of the homœopathists.

THE MEDICAL NEWS AND LIBRARY.

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BROWN ON SURGICAL DISEASES OF WOMEN, SIXTEEN PAGES.

CLINICS.

Statistical Report of the Principal Operations performed in the London Hospitals during the month of January, 1855.

Lithotomy.—In *Case* 3, reported last month as recovered, death has since taken place. The child, aged 3, was under the care of Mr. Quain, in University College Hospital, and had got so far well as to be allowed, at the wish of its parents, to be taken home. Soon afterwards it suffered from swollen prepuce (it had congenital phymosis); retention of urine followed, and the perineal wound reopened. Having been re admitted, circumcision was performed, and suitable general treatment adopted, but subsequently an attack of diarrhœa carried it off. Death took place six weeks after the operation. Number of cases, 8; recovered, 4; under treatment, 4.

Case 1. A healthy boy, aged 8, under the care of Mr. De Morgan, in the Middlesex Hospital, having suffered from symptoms of stone for about five months. A stone about three-fourths of an inch long was removed. Recovered. *Case* 2. A boy, aged 12, under the care of Mr. De Morgan, in the Middlesex Hospital. He had suffered from stone for six months. The calculus removed was the size of a large nut. Doing well. *Case* 3. A healthy child, aged 4, under the care of Mr. Athol Johnson, in the Hospital for Sick Children. There had always been great difficulty in detecting the stone. At the operation it was found to be too small to be grasped by the forceps, and was finally removed by the scoop end of a director and the finger. It weighed only five grains. The child recovered well. *Case* 4. A man, aged 56, in very good health, under the care of Mr. Erichsen, in University College Hospital. The prostate was much enlarged. A stone as large as a small pigeon's egg was removed. Doing well. *Case* 5. A man in moderate health, aged 44, under the care of Mr. Erichsen, in University College Hospital. A large stone was removed. Under

Published monthly by BLANCHARD & LEA, Philadelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage to the subscriber.*

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treatment. *Case* 6. A boy, aged 6, in good health, under the care of Mr. Simon, in St. Thomas's Hospital. During the operation some little difficulty was encountered in reaching the stone, and after its extraction, on examining the bladder, Mr. Simon detected a rough spot, from which, with a little management, he ultimately withdrew the eye-half of a common needle. On examination, the other half of the needle was found to form the nucleus of the stone. The needle had no doubt been broken during the operation. Its eye-half was quite free from deposit, and had probably been lodged in the coats of the bladder. The only history accounting for the entrance of the needle was, that a year and a half previously, while being tossed, the child had cried out, as if hurt, and blood had afterwards been observed on its clothes. It seemed probable that on this occasion the needle might have been thrust into the perineum. After the operation, the child recovered well. *Case* 7. A delicate, strumous boy, aged 6 years, who had previously been under Mr. Cock's care for upwards of two years, suffering from vesical symptoms, was admitted into Guy's Hospital on November 22. Examinations had been frequently made, but without success in discovering a stone, until just before admission. Some time after admission the child took scarlet fever, and had a long illness, suffering afterwards from albuminuria and general dropsy. At length, however, the albumen disappeared from the urine, and three weeks ago the child was deemed sufficiently well to permit of the operation being performed. A small lithic acid stone was removed. The child did well for the first week, but has subsequently had symptoms of pyæmia, and a large abscess has formed in the cellular tissue of the left forearm, extending deeply among the muscles. Although yet very ill, there seems a fair chance of ultimate recovery. *Case* 8. A boy, aged 4, under the care of Mr. Skey, in St. Bartholomew's Hospital. Stone small. Recovered.

Lithectasy in Females.—*Case* 1. A fairly healthy woman, aged 30, under the care of Mr. Shaw, in the Middlesex Hospital. She had suffered from symptoms of stone for two years, and was, in addition, the subject of diseased hip. Mr. Shaw proceeded to the extraction of the stone, which was known to be large, by first dilating and then incising the urethra. Weiss's dilator was made to distend the urethra as much as possible, and then incisions were practised on both sides, and also vertically. The extraction required the application of much force. The stone weighed no less than five ounces. The patient has done well since. No sloughing followed, and the incisions have now healed. There is still incontinence of urine. *Case* 2. A woman, aged 50, under the care of Mr. Moore. For eighteen years she had been liable to pain in the loins, and for six years to dysuria, and frequent attacks of retention. Lithotrity had been performed several times. Mr. Moore employed Weiss's dilator, and removed, without having recourse to incisions, a stone weighing about an ounce. The patient has done well since the operation, and has now perfect control over her bladder. She still, however, suffers from vesical irritation.

Lithotrity.—A man, aged 54, in fair health, who has lived much in India, has lately been under Mr. Hilton's care, in Guy's Hospital. He had suffered from stone for five years. A single lithotrity operation was performed, and the stone crushed. Some irritation followed, but not more than usual, and he was doing well until three days afterwards, when severe constitutional symptoms showed themselves. Subsequently, three large secondary abscesses formed in the cellular tissue of the arm, thigh, and leg respectively. In each part the pus extended deeply. The man's condition was very like that of mild pyæmia. He subsequently much improved, and has now been discharged for a time, in the hope that change of air may be beneficial.

Herniotomy.—Number of cases, 10; recovered, 5; under treatment, 2; died, 3.

Case 1. A woman, aged 39, under the care of Mr. Hilton, in Guy's Hospital, hernia femoral, strangulated twenty hours. The symptoms were well marked, but not very severe. Sac not opened. Recovered without a bad symptom. *Case* 2. A woman, aged 59, under the care of Mr. Erichsen, in University College Hospital. The hernia was femoral, and had been incarcerated five or six days. During the first two days there were nearly all the symptoms of strangulation. After a warm bath and attempts at the taxis, although reduction was not yet effected, yet the symptoms disappeared in part, and the tumour was less tense. No action of the bowels, however, followed the employment of a purge and an enema; and, the symptoms again becoming threatening, the operation was proceeded to. The sac was not opened. Recovered. *Case* 3. A weakly woman. aged 60, under the care of Mr. Paget, in St. Bartholomew's Hospital. She had noticed for the first time a small lump in her groin about a fortnight before admission. Two days before admission, the lump suddenly became larger and painful, and vomiting soon followed. She applied to a surgeon, who, without visiting her, ordered a blister and some aperient medicine. On the next day, the nature of the disease was recognized, and she was sent to the Hospital. Strangulation had existed about forty-nine hours at the time Mr. Paget operated. Sac not opened. Symptoms of peritonitis came on on the second day, but quickly subsided. Enemata were required to secure the action of the bowels, and by their help very large quantities of fecal matter were brought away. *Case* 4. A thin, debilitated woman, aged 65, was admitted into St. Bartholomew's Hospital, under the care of Mr. Coote. She had been subject to hernia for nine years, and strangulation had existed for ten days. Vomiting had been almost incessant during the period of strangulation. Her condition of exhaustion was so extreme, that it was not deemed safe to exhibit chloroform. The tissues about the sac were found agglutinated, and the sac was uniformly adherent to the bowel, and had to be dissected up. The portion of bowel strangulated was small, of an almost black colour; on its inner and upper surface was a mortified patch the size of a fourpenny bit. The stricture was divided, and the bowel laid open, but no discharge of feces followed. The patient sank on the morning of the third day. About an hour before death, there had been a pretty free discharge of matter from the intestinal canal. No autopsy. *Case* 5. A woman, aged 35, under the care of Mr. Critchett, in the London Hospital. Hernia femoral, of three years' duration, and strangulated twenty-seven hours. The small incision was practised, and the sac not opened. Recovered. *Case* 6. A woman, of middle age, under the care of Mr. Ward, in the London Hospital. Hernia femoral, strangulated fifty-three hours. The small incision was practised, and the sac not opened. All the symptoms ceased after the operation, and a rapid recovery followed. *Case* 7. A woman, aged 67, under the care of Mr. Quain, in University College Hospital. Hernia femoral, strangulated fifty-four hours; sac opened. Under treatment, and doing well. *Case* 8. A woman, aged 55, under the care of Mr. Quain, in University College Hospital. Hernia femoral, strangulated about two days; sac not opened. The pain, vomiting, and constipation had been present in this case for more than two days, but the patient stated that her rupture did not come down until some time after these symptoms set in. This, however, seemed doubtful, as she had never worn a truss, and had frequently allowed the hernia to be down without taking notice of it. Since the operation she has done well. *Case* 9. A man, aged 32, under the care of Mr. Erichsen, in University College Hospital, for a large oblique inguinal hernia. Strangulation had existed for about twenty-six hours, and the taxis had been freely used. The sac was opened, and a large mass of gut forced down. The bowel was livid with congestion, and its peritoneal coat was in parts stripped off. Considerable difficulty was encountered in the attempts to return it, even after a free division of the stricture; and while these were being made the gut gave way. The edges of the laceration were then attached by sutures to the lips of the wound, and the bowel left in the sac. The patient sank thirty-one hours after the operation. *Case* 10. A man, aged 75, admitted almost moribund, under the care of Mr. Erichsen, into University College Hospital, with a large inguinal hernia. Strangulation had existed for a long period, the exact duration of which could not be ascertained. The sac was opened, and a large coil of intestine, together with some omentum, exposed, The omentum adhered to the testicle and was not removed; the bowel was returned. The condition of the gut was not very bad. Death with brain symptoms followed twenty-seven hours after the operation. At the autopsy some lymph and fluid effusion were found in the arachnoid sac.

Ovariotomy (*Exploration*). — The case under the care of Dr. West and Mr. Paget, in St. Bartholomew's Hospital, mentioned last month, has since been discharged. It will be remembered that the cyst had been opened, and not removed, and that profuse and almost fatal suppuration from its interior had followed. Since the last mention, the woman has improved in health; the cyst now appears to be almost obliterated, and only a small sinus leading into it remains, from which there is very little discharge. The patient has been discharged in order to go into the country. A radical cure is expected.

Treatment of Aneurism by Compression.—*Case* 1. A man, aged 30, under the care of Messrs. Adams and Ward, in the London Hospital, for a popliteal aneurism the size of a fist, and of six weeks' duration. Under compression treatment of a little more than three weeks a cure has resulted. The man is still, for precaution sake, confined to bed. *Case* 2. A man, aged 30, under the care of Mr. Cock, in Guy's Hospital. The aneurism was very large, and the patient's thigh fat. Difficulty was found in keeping the pad adjusted, the skin threatened to become sore, the limb swelled, and after one or two interrupted trials of compression for a few hours at a time, it was judged better not to persist with it. (See Ligature of Arteries.)

Ligature of Arteries.—The patient, under the care of Mr. Critchett, in the London Hospital, for whom, on account of aneurism by anastomosis in the orbit, ligature of the carotid was performed three months ago, remains under care. He has recently had an attack of hemorrhage, in which several pints of blood were lost, and which nearly proved fatal. *Case* 1. A healthy man, aged 30, was admitted, under the care of Mr. Cock, into Guy's Hospital, on account of a very large femoral aneurism. The artery appeared to have given way just below Hunter's canal, and the tumour had extended itself nearly half way up the thigh, and bulged on both sides of its lower third. A short trial of compression having been given up for reasons assigned above—(see *Case* 2, "Compression Treatment," etc.)—it was decided to ligature the femoral. The man being believed to have disease of the heart, or thoracic aorta, no chloroform was given. The ligature was applied a little higher up than usual; the artery was small and deeply placed. There was a very thick layer of subcutaneous fat in the thigh, and to this Mr. Cock was inclined to attribute much of the difficulty which had been encountered in the attempt at compression. After the operation the man did remarkably well. The ligature came away unusually early (the eleventh day), and about two ounces of blood were lost at the time. The wound is now just healed. The tumour has much decreased in size, but still remains soft and fluctuating.

Trephining of the Skull.—*Case* 5, of last month's report, remains under care, and is doing well.

The following has been treated during the last month: A man, aged 58 years, was admitted, under Mr. Erichsen's care, into University College Hospital, having sustained a fracture without depression of the right side of the occiput. Symptoms of compression, complicated by slight convulsive attacks, set in about eighteen hours after the accident. The trephine was employed over the seat of injury, and a small quantity of blood removed. Death ensued about five hours after the operation. At the autopsy the brain was found lacerated, and blood effused on the side opposite to the external injury.

Amputations.—The cases left under care are either recovered or doing well. Number of cases, 9; recovered, 2; under treatment, 4; died, 3.

Of the Thigh.—*Case* 1. A man, aged 28, admitted into Guy's Hospital, under the care of Mr. Birkett, in a cachectic state, with disease of the knee-joint of thirteen years' duration. There was anchylosis of the joint. An abscess subsequently formed in the popliteal space, and acute inflammation about the ends of the already diseased bones reduced him to such a condition that amputation became necessary in order to save life. Recovered. *Case* 2. A boy, aged 9, under the care of Mr. Cock, in Guy's Hospital, for diseased knee-joint. He was of strumous constitution, and miserably ill. It was necessary, in the amputation, to make the whole flap from the outer side of the thigh, on the inner side the soft parts having been extensively destroyed by ulceration. The disease had existed three years. Since the amputation, the boy has done extremely well, having gained flesh most rapidly. Recovered. *Case* 3. A man, aged 19, under the care of Mr. Curling, in the London Hospital. The patient had, on account of diseased knee joint, been under Mr. Curling's treatment since May last. After having gained much by rest in the Hospital, he was sent to Margate. The joint was made worse by the journeys to and from that place, and when re-admitted it was evident that some operation must be performed. Excision of the joint was thought of, but ultimately declined, on account of the man being believed to be phthisical. Amputation was at length done. The man did very well for the first week, but subsequently all the symptoms of pyæmia supervened, and he died in the third week. At the *autopsy*, pus was found surrounding the femur as high up as the hip-joint, which latter was also itself involved. There were deposits in the lungs and liver.

Of the Leg.—Case 4. A lad, aged 17, under the care of Mr. Erichsen, whose leg had been amputated last month (*Case* 18) in the lower third, on account of a compound fracture. The flaps having been destroyed by phagedena, a second amputation became necessary, and was performed in the upper third. Another attack of phagedena followed, and the actual cautery had to be resorted to, to arrest its spread. The case is now doing well. *Case* 5. A boy, aged 3, under the care of Mr. Birkett, in Guy's Hospital. In January, 1854, the child received a blow over the left foot. This led to death of the ossified centre of the os calcis, which was removed by laying open the sinuses which had formed. The operation was performed in March, 1854. (See Report, April 22, p. 405, "Excision of Bones.") Since then the child's health had been very bad. The tarsus has been inflamed, repeated abscesses have formed, the ankle-joint became swollen, and the tibia enlarged about its centre. This condition of things determined Mr. Birkett no longer to delay amputation, which has accordingly been done in the upper third of the leg. The child has since recovered well. The examination of the foot after removal showed that complete reparation had taken place in the os calcis. The astragalus was carious, there were false membrane in the ankle-joint, and a large abscess external to it. About an inch and a half of the middle of the shaft of the tibia was in a state of necrosis. *Case* 6. A young man, aged 20, under the care of Mr. Luke, in the London Hospital, with strumous disease of the ankle-joint. Amputation in the lower third of the leg was performed. Doing very well.

Double Amputation.—Case 7. B. H., a South Sea Islander, aged probably about 25, was admitted into the London Hospital, under the care of Mr. Adams, on account of frost-bites of both feet. He was just landed from on board ship, and was in a very exhausted condition. After treatment for a few weeks, deep lines of demarcation formed in both legs, in each about the junction of the middle and lower thirds. The suppuration now became profuse, and as the man appeared to have gained sufficient strength to warrant an operation, Mr. Adams determined to amputate. Both limbs were removed in the upper third on the same day. The operation was very quickly got through with, and but little blood was lost. On the night of the second day, however, a slight hemorrhage occurred from the left stump, and so much reduced him that he died next day.

Of the Forearm.—Case 8. A man, aged 55, under the care of Mr. Quain, in University College Hospital. The forearm was disorganized by suppuration in the sheaths of the tendons, consequent on whitlow. He had for some time been in very bad health. Amputation through the upper arm was performed. Death from pyæmia resulted on the seventeenth day. Deposits were found in the lungs. *Case* 9. A girl, in fair health, aged 10, under the care of Mr. Critchett, in the London Hospital, for great deformity of the arm, resulting from a form of lupoid ulceration of the skin. The member was quite hopelessly crippled. Amputation in the upper arm was performed. Recovered.

Excision of Bones and Joints.—Mr. Statham's case of excision of the knee-joint in University College Hospital continues under care. There is still profuse suppuration from the part, and the patient's progress has also been much retarded by a large bedsore on the back. The case of excision of the elbow-joint, in a woman aged 70, also operated on by Mr. Statham, remains under treatment. The patient has left the Hospital, the parts, however, not yet being sound; she is, however, making favourable progress, and keeps in good general health. Mr. Fergusson's case of excision of the knee-joint, reported last month (*Case* 1), is doing well. Mr. Paget's case of excision of the elbow-joint, reported in August, has been re-admitted during the last month, after a three months' absence in the country. The girl has got a very useful arm, with a fair amount of motion. All the sinuses had been healed for some time, but during the winter weather one or two of the cicatrices have again ulcerated. The thickening of the soft parts has been well removed.

During the month, the following have been performed: *Case* 1. Excision of the elbow-joint, by Mr. Fergusson, in King's College Hospital. The patient is doing well. *Case* 2. A man, aged 18, in good health, was admitted into St. Thomas's Hospital, under the care of Mr. Simon, in consequence of anchylosis of the knee-joint in a flexed position. The deformity was extreme, and rendered the limb useless. Mr. Simon determined to attempt its remedy, by sawing out a wedge-shaped portion of the bone, so as to allow of the limb being straightened. This operation was accordingly done. The joint was found in a state of ossific anchylosis. Several wedged slices of the tibia were cut away, and the leg brought down until nearly in a line with the femur. Excepting that there were no articular structures involved, the operation amounted almost to an excision of the knee-joint. The parts were very well adjusted, and, for a week after the operation, the man did well. Symptoms of pyæmia then supervened, an abscess formed in one arm, and death occurred in the third week. No autopsy was allowed. *Case* 3. A man, aged 43, but looking ten years older, was admitted, under Mr. Hutchinson's care, into the Metropolitan Free Hospital, on account of diseased elbow-joint. Six weeks previously he had sustained an injury to the olecranon, which was followed by inflammation of the whole forearm, and intense pain in the bone. From the account given, it was judged that the joint had been involved only secondarily. He was hectic, and extremely exhausted. At first it was thought that immediate amputation must be performed; but, after a few days' waiting, the swelling of the forearm subsided, and the general symptoms improved to such an extent, that an excision was deemed warrantable. The entire elbow-joint was accordingly excised, the usual H shaped incision being practised. The patient has since done remarkably well, as far as the elbow is concerned; he has had, however, some troublesome abscesses in the forearm. Under treatment. (For an account of the condition of the parts removed, see Report of the Pathological Society for February 6, p. 171.) *Case* 4. A man, aged 21, under the care of Mr. Cock, in Guy's Hospital, for tumefaction over the tarso-metatarsal joint of the left great toe. Mr. Cock cut down upon the spot, and scooped out some diseased bone in a state of carious softening. Much inflammation followed the operation, and considerable constitutional disturbance. There has also been a large abscess on the opposite side of the foot, unconnected with the original disease. Under treatment.

Removal of Necrosed Bone.—*Case* 1. A boy, aged 13, under Mr. Birkett's care, in Guy's Hospital, for necrosis of the tibia, on which a previous operation had been performed. Some fragments of sequestrum were removed. *Case* 2. A girl, aged 15, under the care of Mr. Holt, in the Westminster Hospital, for necrosis of the tibia, supervening on acute inflammation of the bone. A large sequestrum was removed from the lower third of the shaft of the bone. Doing well. *Case* 3. A man, aged 21, whose little finger had been amputated seven months ago on account of necrosis of the metacarpal bone, came under Mr. Hilton's care in Guy's Hospital, for like disease in the same bone of the index finger. Some portions of dead bone have been extracted, and a good result is promised. *Case* 4. A man, aged 38, the subject of severe constitutional syphilis, admitted, under Mr. Hilton's care, into Guy's Hospital, on account of necrosis of a large portion of the frontal bone. A very large plate of bone, including in parts both tables, was removed by forceps. The parts are healing fast. *Case* 5. A man, aged 44, under the care of Mr. Cock, in Guy's Hospital, for necrosis of the lower part of the left femur, of twenty-four years' duration. Sixteen years ago, Mr. Cock had removed some dead bone from the same part, but a large fragment yet remained. The parts were much thickened, the knee-joint was half flexed, and the sinuses led directly into the popliteal space. The latter circumstance rendered much care necessary in making the incisions. Mr. Cock succeeded in extracting a long sequestrum from a great depth. The man afterwards suffered much pain, and the discharge has been very fetid. More lately, the pain has ceased, but it is believed that a small fragment yet remains to be removed. *Case* 6. A girl, aged 13. under the care of Mr. Lloyd, in St. Bartholomew's Hospital, on account of necrosis of the lower part of the right fibula. A portion of dead bone was removed. Doing well.

Removal of Exostoses.—*Case* 1. An Irishwoman, in good health, aged 44, was admitted, under Mr. Child's care, into the Metropolitan Free Hospital, on account of a very large exostosis from the interior of the right orbit. It projected as a prominent mass, fully the size of a fist, and the collapsed remains of the ejected eyeball hung from its lower surface. The skin of the distended upper eyelid was beginning to ulcerate in one spot. The operation consisted in carrying incisions down from the forehead to each canthus, and then dissecting off the upper lid. By means of the saw and of large bone forceps, the mass was then detached in large fragments, until it was got to a level with the orbital ridge of the frontal bone. The orbit itself was quite filled with the growth, but it was not deemed warrantable to attempt its removal. The mass, which was of nine years' growth, was extremely hard, and in parts almost of ivory-like density. It was covered exteriorly by a very thin layer of cartilage. The patient has done very well since the operation, and is relieved of a great deformity.

Removal of Malignant Tumours.—The two cases under treatment by last month's Report, have recovered. Number of cases, 4; recovered, 2; under treatment, 1; died, 1.

Case 1. A woman, aged 49, was admitted into the London Hospital, under the care of Mr. Curling, with an ulcerated cancerous growth (epithelial) close to the left verge of the anus. It appeared, that for six years she had suffered from some growth at that spot, respecting which, from the history given, it was doubtful whether it should be considered a pile or a condyloma. This having increased lately, had been removed by a surgeon six months before her admission, and the present sore had formed in the resulting cicatrix. The ulcer was deep, and involved part of the sphincter. Mr. Curling excised the whole. There was rather sharp bleeding, and several vessels required ligature, the wound afterwards being plugged with sponge. The sore has since assumed a healthy condition, excepting one spot, which appearing suspicious has been treated by the potassa fusa. Cicatrization is now fast progressing, and it is hoped there will be no material contraction of the bowel. *Case* 2. A woman, aged 48, under the care of Mr. Solly, in St. Thomas's Hospital, on account of a tumour in the breast of eleven weeks' growth, and the size of an orange. The whole breast was removed. The disease proved to be encephaloid. Recovered. *Case* 3. A man, aged 60, under the care of Mr. Solly, in St. Thomas's Hospital, on account of cancer of the lip. The diseased part was excised. Recovered. *Case* 4. A man, aged 27, under the care of Mr. Lloyd, in St. Bartholomew's Hospital, on account of a large tumour growing from the left side of the forehead. The tumour had itself the bulk of a fœtal head. It proved to be encephaloid, and had in parts destroyed both tables of the skull. The man died about a fortnight after the operation, suffering from erysipelas, and having also had some doubtful symptoms of tetanus. The case was one of great interest, and we shall, at some future time, report it in detail.

Removal of Non-Malignant Tumours.—*Case* 1. A woman, aged 46, was admitted into the Marylebone Infirmary, under the care of Mr. Henry Thompson, on account of a very large hypertrophy of the labium and clitoris. The tumour was of nine years' growth, and so large, that when standing it reached to within two inches of the knees. Mr. Thompson ligatured the base of the mass with seven strong whipcord ligatures before cutting it through. The expedient answered well, and but little bleeding occurred. The woman recovered without a bad symptom. The mass weighed, after being drained of fluid, nearly four pounds. *Case* 2. A boy, aged 8, under the care of Mr. Moore, in the Middlesex Hospital, on account of a cartilaginous tumour, the size of a hazel-nut, growing from the radial side of the first phalanx of the index finger. The tumour and the side of the bone from which it grew, were removed. Recovered. *Case* 3. A woman, aged 23, under the care of Mr. Stanley, in St. Bartholomew's Hospital, on account of a rather large tumour in the buttock. It had been noticed for three months. On being opened, clear fluid and hydatid cysts escaped. Recovered. *Case* 4. A woman, aged 36, under the care of Mr. Hilton, in Guy's Hospital, on account of disease of the left femur at the junction of its upper and middle thirds. There was no history of the occurrence of fracture, but the bone was broken at that spot, and had remained ununited for many months. The disease had been attended by great pain, and there was enlargement of the ends of the bones. Mr. Hilton cut down upon the part and removed with forceps a portion of bone from the upper fragment; some large cysts were also opened, and afterwards removed. One cyst was the size of an orange, and contained fibrin and clear fluid. The patient has suffered much constitutional disturbance since the operation. *Case* 5. A woman, of middle age, under the care of Mr. Simon, in St. Thomas's Hospital, on account of a pedunculated fatty tumour in the upper part of the thigh. Recovered.

Case 6. A girl, aged 20, under the care of Mr. Cock, in Guy's Hospital, for a fatty tumour beneath the right clavicular region. Recovered. *Case* 7. A man, aged 30, under the care of Mr. Cock, in Guy's Hospital, on account of an encysted tumour beneath the scalp, the size of an orange. Recovered. *Case* 8. An infant, aged nine months, under the care of Mr. Athol Johnson, in the Hospital for Sick Children, on account of an encysted tumour beneath the scalp. The tumour was believed not to have been congenital.

Excision of the Testis.—A case was mentioned in our Report for August, page 319, in which Mr. Paget had performed the plastic operation recommended by Mr. Syme for the cure of fungous testis. The patient, a man aged 31, remained well for about two months, and was engaged in a very laborious occupation. Ultimately, however, the cicatrix again ulcerated, and during last month he applied for re-admission, under Mr. Stanley. It was now decided to remove what remained of the diseased gland. This was done, the patient has since done well, and the wound is now nearly healed. The gland was found, on examination, to be so much disorganized, that there could have been no object in attempting to preserve it.

Tracheotomy.—In the case of a child, aged 2½, under the care of Dr. West, in the Hospital for Sick Children, tracheotomy was required for the relief of very urgent symptoms occurring in the course of croup. It was performed by Mr. Athol Johnson, and gave much temporary relief, but the child sank thirty hours afterwards.

Operations for Urethral Stricture.—Several cases of this class remain under care.

Puncture of the Bladder.—*Case* 1. An unhealthy-looking man, aged 28, was admitted under the care of Mr. Callaway, into Guy's Hospital, on account of retention of urine. He had suffered from symptoms of stricture for ten years. The retention had, on the present occasion, existed for five days, but had not been complete. All attempts at catheterism having failed, the bladder was punctured by the rectum. On the next day, Mr. Cock succeeded in introducing a small silver catheter by the urethra, and, as there had been some oozing of blood from the rectum, it was judged best to remove the canula. The man progressed well, and, at the end of a fortnight, a large-sized elastic catheter could be passed. *Case* 2. A man, aged 44, was admitted, under Mr. Stanley's care, into St. Bartholomew's Hospital, suffering from two days' retention of urine, and in a very exhausted condition. All attempts to pass a catheter failing, Mr. Stanley at once punctured the rectum, and drew off about three pints of fetid urine. Great relief was afforded by the operation, and for three days the man continued to progress most satisfactorily. In the night of the third day, however, during sleep, the canula slipped out of the bladder. Again it was found impossible to introduce a catheter; the warm bath was also tried, but with no benefit. In the absence of Mr. Stanley, Mr. Paget now saw the man, and performed a second puncture of the bladder. For a few days the man again improved, but ultimately sickness and typhoid symptoms came on, and death took place on the eleventh day subsequent to his admission. At the *post-mortem*, a firm cartilaginous stricture, an inch in length, was found about five inches from the meatus. The bladder was hypertrophied and contracted; there was diffuse suppuration between the bladder and rectum. Only the pelvic viscera were allowed to be examined.

Operations for Urethral Fistula. — In two cases of fistula anterior to the scrotum, communicating with the urethra, operations have been performed. The cases are respectively under the treatment of Mr. Erichsen, in University College Hospital, and Mr. Henry Thompson, in the Marylebone Infirmary. Both remain under care. We shall give their particulars at a future time.

Radical Treatment of Hernia.—In the case of a man, aged 66, subject to a large scrotal hernia from childhood, Mr. Brooke, in the Westminster Hospital, performed the operation of invagination for its radical cure. The invaginated portion of integument did not, however, prove large enough to occlude the opening, and during a fit of coughing the bowel was again forced down.

Operations for the Cure of Nævus.—A man, aged 30, was admitted, under Mr. Birkett's care, into Guy's Hospital, on account of a venous nævus the size of a penny-piece, on the right side of the forehead. An attempt had been made about ten years since to cure it by needles and ligature, but had partially failed. Mr. Birkett excised the whole. No material bleeding occurred, and the wound afterwards healed quickly.

Plastic Operations.—For Protrusion of the Testis.—A man, aged 24, was admitted into the Middlesex Hospital, under the care of Mr. Shaw, on account of a large fungous protrusion from the left testicle. The condition had resulted from an attack of scrofulous orchitis, eighteen months before. Mr. Shaw pared off the granulations freely, and then dissected up the skin from each side of the gland, and united the edges by harelip pins and sutures. The wound healed remarkably well, and the testis is quite covered.

For Contraction of the Lower Eyelid.—A man, whose lower eyelid had been partially destroyed by ulceration, was operated on by transplantation of skin, by Mr. Wordsworth, in the London Hospital, with great benefit.

Puncture of an Abdominal Tumour.—A woman, under the care of Dr. Thompson, in the Middlesex Hospital, suffered from intestinal obstruction, which was believed to result from the pressure of a tumour on the rectum. The tumour was thought to be ovarian, and it was accordingly determined to puncture it. The operation was performed by Mr. Moore, when a large quantity of semi-purulent fluid escaped. The urgent symptoms have since disappeared, and the patient has passed copious evacuations. (We hope shortly to be able to give the details of this interesting and remarkable case.)—*Med. Times and Gaz.*, Feb. 24, 1855.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

American Medical Association. — The Committee of Arrangements will attend at the Hall of the Philadelphia College of Physicians, Spruce Street, south side, between Eighth and Ninth Streets, on Saturday, April 28, from 11 A. M. to 2 P. M., and from 4 to 7 P. M.; also, at the same place on Monday, April 30, from 11 A. M. to 2 P. M., and from 4 to 10 P. M., and on Tuesday, at the Hall of the Musical Fund Society, Locust Street between Eighth and Ninth Streets, at 8 o'clock A. M., for the purpose of receiving credentials and registering the delegates.

Delegates are earnestly solicited to register themselves at the earliest possible period in order to facilitate the accomplishment of this duty, and to enable the Association to organize punctually at the appointed time.

The Pennsylvania Railroad, from Pittsburg to Philadelphia, the Philadelphia, Wilmington, and Baltimore Railroad, the Petersburg and Roanoke Railroad in Virginia, and the northwest chain of railroads from Philadelphia to Elmira, N. Y. (composed of the Philadelphia and Reading, the Little Schuylkill, the Sunbury and Erie, and the Williamsport and Elmira Railroads), have agreed to pass the delegates to the Association to and from Philadelphia at *half the usual fares on presentation of their credentials*, from 24th April to 12th May, inclusive.

The Baltimore and Ohio Railroad Company offer to return, free of charge, such delegates as have passed over the road to attend the meeting of the Association, on presenting certificates to that effect from the Secretary.

The thanks of the profession are due to the officers of these roads for this courtesy, and we trust it will not be forgotten.

All the other roads have declined to enter into any arrangement.

The Approaching Meeting of the American Medical Association. — The editor of the *North-Western Medical and Surgical Journal*, in speaking of this meeting in a late number, remarks:—

"The coming meeting will, doubtless, be one of more interest, in a strictly scientific and professional aspect, than any which have preceded. It is easy to perceive that the current of opinion in the profession is running strongly in favour of devoting more time and care to the reading and consideration of such scientific papers and reports as may be presented, and less to mere miscellaneous matters. Heretofore much time has been consumed on random resolutions and vain attempts to amend the constitution.

"Let each delegate look over the list of subjects assigned to special committees, and study those subjects in such a manner as to be prepared to consider and act upon any reports that may be presented. We say this much without wishing to convey the impression that no time ought to be devoted to the important subject of *medical education.*

"We do think, however, that fewer resolutions and more *practical action* on this subject would conduce to the interests of the profession. An effort will probably be made at the coming meeting to so far change the constitution as to permit the annual meetings to be held permanently in Washington city. We are very sure, however, that such a step would greatly lessen the influence and importance of the Association. If there is one single constitutional provision which has contributed largely to the influence of the national organization over the whole profession, it is that which prohibited it from meeting twice in succession in the same place. On this subject we hope the Northwest will not only be well represented, but also well united in opposition to any change which shall aid to localize the annual meetings of the Association in one section of the Union."

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The late Philadelphia Committee of Publication of the American Medical Association.—We have no desire to deprive the present New York Committee of Publication of a single leaf of their laurels; on the contrary, we take pleasure in repeating, what we have already said, that they have performed their thankless and laborious duties creditably. We do them the justice to believe that the repeated efforts made by a New York Journal, to claim praise for them which is not their due, and to draw unfavourable comparisons between them and their predecessors, must be as mortifying to them as it is unjust to others.

It is as a simple act of justice to the late Philadelphia Committee, therefore, that we republish from their last report made to the Association, at its meeting in St. Louis (see *Transactions*, vol. vii. p. 635), the following extract:—

"The committee would suggest the propriety of having the entire edition of the future volumes of the *Transactions* bound in cloth and lettered, to correspond with the former volumes done up in that manner. The increased expense thus incurred will, the committee are convinced, be fully compensated by the increased sale of the work, its improved appearance forming an inducement to many to become purchasers, in whose eyes it has hitherto found, in its plain cover, no favour.

"The facility with which bound books may *now* be sent to every portion of the United States by mail, or by expresses to those places to which these latter extend, has done away with the sole object which the Committee of Publication had in view in adopting the paper cover, in preference to having all the volumes neatly bound in cloth."

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Ohio State Medical Society.—This Society, at its late annual meeting, adopted, on motion of Dr. GRANT, the following resolution:—

"*Resolved*, That it is not derogatory to medical dignity, or inconsistent with medical honour for medical gentlemen to take out a patent right for surgical or medical instruments."

This resolution is in direct conflict with § 4 of Art. I. Chap. II. of the Code of Ethics adopted by the American Medical Association, which is in these words:—

"*Equally derogatory to professional character is it, for a physician to hold a patent for any surgical instrument*, or medicine; or to dispense a secret *nostrum*, whether it be the composition or exclusive property of himself, or of others. For, if such nostrum be of real efficacy, any concealment regarding it is inconsistent with beneficence and professional liberality; and, if mystery alone give it value and importance, such craft implies either disgraceful ignorance, or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them."

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Gunshot Wound of the Heart.—The attention of the profession has been, in a marked degree, turned to this subject by the recent case of Poole, who survived a gunshot wound of the heart nearly twelve days, without any palpitation, syncope, or irregular action of the organ. Under more favourable circumstances, with perfect quietude of mind and body, there seems but little room to doubt that he might ultimately have recovered. The great mystery is, that under all the exciting and disturbing influences, both physical and moral, by which he was surrounded, the fatal issue should have been so long delayed. With the exception of his having been in a state of collapse for the first four hours after receiving the injury, his strength kept up in so remarkable a manner, that he was ready to fight an antagonist who visited him during his illness. He was under the care of Dr. Putnam; Drs. Carnochan, Cheeseman, J. R. Wood, and others, also saw him in consultation. We are indebted to Dr. Finnell for the following notes of the *Autopsy*:—

There were wounds on the surface of the body, one in the lower and outer portion of the thigh, the other in the chest. The one in the thigh had two openings about an inch apart, and measured a quarter of an inch in diameter. It passed through just beneath the skin without touching the muscle of the leg. The ball in the chest entered the sternum just at its junction with the cartilage of the fifth rib, passing through the bone and pericardium into the substance of the heart, where it was found. On raising the breast-bone and exposing the pericardium, it was found very much distended, measuring five inches in its transverse diameter, and six in its vertical. It contained about thirty ounces of a sero-sanguineous fluid. The external surface of the heart was covered with fibrinous exudation, the recent product of inflammation. The heart was washed and laid aside, with no suspicion that the ball was lodged in it until after nearly two hours' search in the cavity of the chest, and especially along the side of the spine. At last the heart was very carefully felt over, and the bullet was found imbedded in its muscular texture. On making an incision it was exposed. Its lodgement was in the septum, between the ventricles, about an inch and a half from the apex of the heart, and a quarter of an inch from its surface. The muscular substance had united over the ball, and healed so far that the point of entrance was obliterated. He died from effusion in the pericardium, stopping the action of the heart. It is probable that on Wednesday night the effusion began to come on, and it rapidly increased. At 9 o'clock on Thursday morning it suddenly increased, and he sank immediately. The lungs were pale and œdematous. The liver, kidneys, stomach, and other organs presented an unusually fine view of organs in a sound condition. The whole body was a most perfect specimen of fine muscular development; even to the ends of his toes the muscles were remarkably developed.

The size of the ball was that of a large pea, being that of 70 to the lb.—*New York Medical Times*, April, 1855.

[In the No. of the *American Journal* for May, 1829, p 263, there is a notice of a case of gunshot wound of the chest in which the patient, a Negro boy aged 15, lived 67 days after the accident, and on *post mortem* examination three shot were found lying loose in the cavity of the right ventricle, and two in the right auricle.]

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Chester County Medical Society.—Drs. W. Worthington, A. K. Gaston, S. A. Ogier, Isaac Thomas, and C. E. Coates, have been appointed delegates to represent this Society at the approaching meeting of the American Medical Association.

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University of Pennsylvania.—Prof. Wm. Gibson, who has filled the Surgical chair in this school for the past thirty-seven years with signal ability, resigned on the 3d of April, and has been elected emeritus Professor of Surgery.

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The Medical Counsellor.—A weekly journal, under this title, has recently been commenced by R. Hills, M. D., of Columbus, Ohio. We wish it success.

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Medical Classes in 1854–'55.

University of Pennsylvania	350
College of Physicians and Surgeons, New York	182
Jefferson Medical College	562
University Medical College	307
University of Louisiana	223
Medical College of Georgia (at Augusta)	171
Savannah Medical College	50
Iowa Medical College	75

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Medical Graduates in 1855.

College of Physicians and Surgeons, New York	47
University of Louisiana	54
Medical College of Georgia (Augusta)	53
Savannah Medical College	17
Med. Dep. University of Nashville	93
University of Louisville	72
University of Buffalo	13
Medical College of Ohio	21
Miami Medical College	17
Kentucky School of Medicine	16
Albany Medical College	49
Memphis Medical College	19
St. Louis University	30
University of Missouri	30
Iowa University, Medical Department	19
University of the City of New York	106

Rush Medical College.—The chairs of Materia Medica and Therapeutics, and of Physiology and Pathology in this school are vacant. Applications for appointments to both these places will be received by the President, Prof. Daniel Brainard, until the 15th of June next.

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Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane.—The next annual meeting of this Association will be held in the city of Boston, to commence on the fourth Tuesday of May next, at 10 o'clock A. M.

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A Bill for the Establishment of a Board of Medical Censors has been introduced into the Legislature of Pennsylvania, which contains so many objectionable features that we deem it important to call the attention of the profession to it. The bill provides for the appointment of three "Medical Censors" by the Governor, before whom all physicians, surgeons, and obstetricians practising in the State are required to appear for examination as to their qualifications, under penalty for non-compliance, of being deprived of "recourse in law for the collection of their bills for medical services." A tax of twenty-five dollars is exacted by the bill for a certificate of examination; and an annual re-examination is also required, at a yearly tax of five dollars.

So gross an interference with the rights of the physicians in our State we can scarcely believe likely to receive the sanction of the Legislature. It will be well, however, for the members of the profession to bestir themselves at once in the matter, and employ such personal influence as they may be able to direct against the passage of the measure.

FOREIGN INTELLIGENCE.

Deoth from Chloroform.—In the *Medical Times and Gazette*, January 13, 1855, the following instance of this is recorded, which occurred in one of the English Provincial Hospitals:—

A man, aged 18, of ruddy complexion, had chloroform exhibited in order to the removal of an encysted tumour from under the left eyebrow. During the inhalation the breathing became stertorous, and the inhaler was accordingly removed for a time. On a second application, after about half a-minute's inhalation, a convulsive attack resembling epilepsy occurred, the man became purple in the face, and almost immediately died. All attempts to restore animation failed. At the autopsy, great congestion of the brain was found; the left ventricle of the heart was tightly contracted.

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Report on an Experimental Inquiry Concerning Accidents by the Inhalation of Chloroform.—The *Société d'Emulation* of Paris appointed a committee for the above purpose, which met forty times to conduct a series of 150 experiments upon different classes of animals. The results of their labours are detailed by M. L. Lallemand in the present report; but we must confine ourselves to reproducing his conclusions.

1. The action of chloroform upon the economy takes place with a rapidity directly proportionate to the amount of concentration of the inhaled vapour—the phenomena being, however, always manifested in the same order, and with the same characteristics. 2. The excito-motory properties of the nervous centres, the sensibility and motricity of the cerebro-spinal nerves are suspended by chloroform; but the excitability of the medulla, and the motricity of the nerves continue to be manifested under the electric current. 3. Chloroform possesses an especial elective affinity for the nervous centres, in the substance of which it becomes accumulated during inhalation, and is there found after death in a much larger proportion than in other organs. 4. The respiratory movements cease before the action of the heart. 5. After the respiratory movements are suspended, the animal, if left to itself, dies. 6. Chloroform is rapidly eliminated from the economy, the pulmonary surface being the principal agent of elimination. 7. In the majority of cases, the suspended vital functions can be re-established by means of the insufflation of air, or oxygen gas, even after all apparent circulatory movements are abolished. 8. In order to succeed, it must be resorted to immediately after the suspension occurs, and be steadily persevered in until the normal actions are completely re-established. 9. Artificial respiration, produced by the faradisation of the phrenic nerves, may likewise re-establish the suspended vital functions. 10. Electricity, employed as a general stimulus of the nervous system, is power-

less, and it rapidly exhausts the nervous excitability of animals in the last stage of chloroform intoxication. 11. Insufflation acts by stimulating the excitability of the nervous system, and inducing elimination of the chloroform by the pulmonary surface. 12. Death ensuing on the inhalation of chloroform takes place from the abolition of the action of the nervous system, and not from asphyxia or paralysis of the motions of the heart. 13. The dilution of the vapour of chloroform with a considerable and constant proportion of air, will, if not entirely prevent, very much retard, the danger of intoxication.

Applying these results to the human subject, the reporter feels convinced that insufflation of air, effected by means of a tube passed through the mouth into the trachea, and connected with a bellows, if commenced at once on the development of accidents, and continued with perseverance, will, in the majority of cases, prove perfectly successful. Local faradisation of the phrenic nerves is only of secondary importance, compared with insufflation. By the latter, as much air as is desired can be introduced, the energies of the circulation becoming aroused and the elimination of the poison favoured; while, under the employment of electricity, the excitability of the nervous system is apt to become exhausted.

In a *preventive* point of view, it is to be observed, that in all the experiments the respiratory movements first ceased; so that such suspension becomes the signal of the intense poisonous influence exerted on the economy, and the imminence of death. These movements, therefore, require especially to be watched during the administration. The chloroform, too, should be employed only when diluted with air, and care be taken not to administer large additional doses when the effect is commencing to take place. Owing to their density, the atmosphere near the patient remains charged with the vapours, which may easily thus become inspired in greater concentration than is supposed.

The reporter furnishes a drawing of a new apparatus, contrived by M. Duroy, for the purpose of administering a diluted chloroform, which he terms an *Anæsthesimeter.*—*Med. Times and Gaz.*, March 10, 1855, from *L'Union Médicale,* No. 13, 1855.

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Treatment of Catarrh.—Several methods more or less novel for the treatment of the ordinary coryza, or catarrh, are just now occupying a good deal of attention. In Hospital practice we have not seen the plan of injecting a solution of sulphate of zinc, as recommended by Mr. Pretty, at all tried. The remedy is one, which from what we know of its influence on the conjunctival and urethral mucous membranes, might be expected to be very useful. The nares, however, offer considerable difficulties to its application. In the eye and the urethra it may easily be got in contact with the whole inflamed surface, to accomplish which must be impossible in the case of the Schneiderian membrane. The trouble also involved is a drawback. A much more convenient method, and one which we hear spoken very highly of, is the inhalation of the fumes of opium, as recently suggested by Dr. Lombard, of Geneva.* A piece of metal is heated in a spirit-lamp, and a few grains of powdered opium having been sprinkled upon it, the patient is directed to hold his head in the fumes, and to make a few forced inhalations. It is said to afford most marvellous and speedy relief to the distressing pain and sense of weight so commonly felt in the frontal sinuses. As addressed to this particular symptom, this expedient might be advantageously combined with "orange-juice treatment," so useful in allaying the fever, restlessness, and general disturbance which often attend this common and most disagreeable complaint.—*Med. Times and Gaz.*, March 31, 1855.

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Creasote Ointment.—The following is the formula for a compound creasote ointment, in common use at the Hospital for Diseases of the Skin. It is chiefly employed against the chronic forms of scaly disease. It should be omitted or suspended for a time when the irritation is sufficient, as shown by the patches becoming red and destitute of scales:—

℞. Creasoti ʒss ad ʒj.
Unguenti Hydrargyri ℥j.
Hydrargyri Nitrico-Oxydi levig. ℥ss.
Adipis recentis ℥xvj.
Misce. Ft. Ung.—*Ibid.*

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Injections of Acetum Lyttæ in Urethral Fistula.—A boy is now under Mr. Lloyd's care in St. Bartholomew's Hospital, on account of a small perineal fistula after lithotomy. The operation was performed in the usual manner about two years ago, and the wound healed well. A week after his discharge from the hospital, and ten days after the wound had healed, the cicatrix, however, gave way again. Instead of at once applying for readmission, the boy continued without treatment for some time. Subsequently he was under care in a provincial hospital, where, without success, several plans were tried, including the application of the actual cautery. The fistula is now a very small one, situated at the anterior part of the cicatrix, and just admitting a common-sized probe. Mr. Lloyd remarked, in some clinical observations on the case a few days since, that he had never seen the actual cautery successful in closing a fistula of this kind. On more than one occasion he had, however, succeeded by the injection of the acetum lyttæ by means of a small syringe. The effect of the injection generally was to cause inflammation, and swelling of the part, on the subsidence of which the canal would be found closed. He thought that the difference between the actual cautery and an irritant injection was very great, the one only acting on the mouth of the fistula, or at best, on a small part of its extent, the other destroying the false mucous lining of the whole of the tract. It was only after the latter that obliteration from the urethra outwards could be expected, and if any portion were left for the urine to accumulate in, it would be vain to hope for closure of the external orifice — *Med. Times and Gaz.*, March 31, 1855.

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* Gazette Médicale, July, 1854.

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Curative Treatment of Morbus Brightii. —Dr. Handfield Jones read before the Harveian Society (March 1, 1855) a paper on this subject. Four cases were related, in which patients, who suffered under dropsy, with more or less of general cachexia, and an albuminous condition of the urine, which contained casts, &c., were restored to greatly improved health by treatment steadily continued. At the same time the quality of the urine improved in a corresponding measure, and this very gradually. The treatment consisted in the administration of iron, chiefly the muriated tincture, either alone or combined with the bichloride of mercury. Cod-liver oil was given in one case, and quinia and the sulphate of iron in another. The position taken was, that Bright's disease was essentially a degeneration, widely remote from inflammation, and that its cure was to be attempted by the employment of all means likely to raise and maintain the general power. In the fifth case, after the removal of considerable ascites and anasarca, at first by blue pill, squill, and digitalis, and afterwards by the tonic treatment above described; the latter was continued with great improvement to the general health, but the urine still contained albumen. As, however, there was found no deficiency in the amount of urea or uric acid in the secretion, according to a rough estimate, the opinion was expressed that the draining off of albumen probably depended on an altered state of the Malpighian capillaries, similar to that which exists in cases of (so called) chylous urine, the renal functions still performing their functions fairly well. In conclusion, it was strongly urged that practitioners should always carefully look out for indications of commencing renal degeneration, and strive rigorously and perseveringly to arrest the morbid process by such measures as in the cases above detailed had proved successful. The disease was compared to pulmonary phthisis, and the hope expressed that, as medicine was more adequate in many instances to the arrest of the one, so it might become also to that of the others —*Lancet*, March 31, 1855.

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Experiments with the Venom of the Toad. —Mr. Vulpian has ascertained that the mucous membrane of the alimentary canal of the batrachians does not enjoy the same immunity from the action of poison, as that of the other vertebrata. Woorara poison is rapidly absorbed, and the animal dies almost as speedily when the poison is introduced into the mouth or stomach, as when it is inserted under the skin. The venom of the common toad (the lactescent fluid contained in the cutaneous pustules) acts in a similar manner. In his experiments with this substance, he found, as MM. Gratiolet and Cloez had already done, that, when inserted in a subcutaneous wound, it kills dogs and guinea-pigs in a space of time varying from thirty to ninety minutes. A period of excitement is followed by one of prostration, and vomiting, or attempts to vomit. In the guinea-pig, death is ushered in by convulsions, but these are absent in the dog, who exhibits a kind of drunkenness for a minute or two before expiring. Frogs inoculated with the venom also perish in an hour or so; but the venom exerts no influence upon toads themselves.

Introduced into the stomach of dogs, no ill effect is produced by the venom; but frogs are invariably killed, whether it is introduced by the mouth or the skin, a somewhat longer period being required in the former case. On examining the stomach of frogs so killed, no trace of erosion or irritation is discernible, and even the paper in which the venom has been inclosed may be found untorn.

On examining animals killed by the venom, muscular irritability is found uninjured, and the sciatic nerves, when pricked or galvanized, determine manifest muscular contractions. The hearts of dogs, examined immediately after death, are found motionless; their cavities are filled with blood, the auricles and venæ cavæ being especially distended. The liver is much congested, and the lungs are exsanguineous. On pricking the walls of the heart, incomplete contractions can be excited. The effect of the poison on the heart is, however, best exhibited in the frog, an animal in which its pulsations, when in the normal condition, may be prolonged for more than twenty-four hours after death. When poisoned by the venom of the toad, the motions of the heart are observed to cease about ten minutes prior to death; and on opening the cavities, they are found filled with black blood, the action of the air exciting some feeble contractions of the parietes. If the heart be not exposed until the animal is quite dead, no contraction is usually observed. The ventricle is then generally found contracted in itself, empty, and pale, while the auricles and venæ cavæ are distended with black blood. This arrest of the cardiac movements is not produced by the abolition of irritability, as we can usually excite contractions by means of galvanism. It is also probably the cause of the congestions of the nervous centres noticed by MM. Gratiolet and Cloez.—*Med. Times and Gaz.*, March 10, 1855, from *Gaz. Médicale*, No. 4, 1855.

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Benzole a Remedy for Parasitical Diseases.—Milne Edwards, long ago, ascertained that the vapour of benzin or benzole was fatal to insects. This property has led M. Reynal, of the Veterinary School at Alfort, to employ it for the treatment of pedicular maladies among animals. He has found that it destroys the parasites in these diseases, more surely and with more safety to the animal than tobacco-juice, mercurial ointment, or any other of the many remedies used. It destroys the epizoa without at all injuring the skin. It is proposed to use this fluid in the parasitical diseases of the human skin, especially in pityriasis, or morbus pedicularis, and in scabies.

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Influence of the Improvement of Lodging-Houses in London in Diminishing Epidemic Diseases.—A report on the common and model lodging-houses of London (with reference to epidemic cholera in 1854), addressed to Sir B. Hall, President of the Board of Health, has just been presented. It is from the pen of Mr. Glover, superintending medical inspector of the Board of Health. Mr. Glover treats first on the common lodging houses, and, secondly, on the model lodging-houses. The former, it is notorious, were especially the sources of epidemic diseases, and in 1849 suffered severely from epidemic cholera. The act of 1851, for the better regulation of these houses, has now been in active operation three years, and it is unquestionable that its results, especially with reference to the diminution of epidemic disease, have been far greater than even the most sanguine had anticipated. In 1853, there were registered houses of this kind, accommodating about 30,000 persons, yet during the year only ten cases of fever occurred. "Considering the class of persons," remarks Mr. Glover, "inhabiting these houses, it must be acknowledged that three cases of fever to every 10,000 of such persons is an almost incredibly small amount of sickness of this character." In all the houses, registered and unregistered, there were in the first nine months of last year 72 cases of cholera and 61 deaths—an amount of sickness, all things considered, "astonishingly small." The mortality from cholera in 13 weeks of 1854, in every 10 000 of the population, in the common lodging-houses under the superintendence of the police, thus amounted to seven only, whereas the lowest proportion in other districts of the superintendent-registrars was never less than 12 (Hampstead), while the mortality was as high as 162 in Bermondsey. With respect to the health of the inmates of the model lodging-houses, it appears from the various reports that these houses have enjoyed all but complete exemption from the cholera, the mortality among the inmates having been only in the ratio of about 26 in 10,000, whereas the mortality from cholera in the Potteries, Kensington, was in the ratio of 259 in every 10,000; and in Bermondsey 162 in 10,000.—*Med. Times and Gaz.*, March 24, 1855.

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Dublin Lying-in Hospital.—Dr. McClintock has been elected Master to this Institution.

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Royal Road to Cure.—His Imperial Highness, the Czar of all the Russias, it appears, was of opinion that so great a potentate ought not to be subjected to the disagreeable infliction of swallowing nauseous drugs and of submitting to restraints, in order to be cured of disease like common people; but that he should be cured by a royal road. A sniff over some tiny vial, and the taking of a few sugar pellets he considered as Czarial modes of cure. He has paid the forfeit of his life to this absurd notion, and thus added another victim to the homœopathic delusion.

The late Czar's Homœopathic Physician.—A letter from St. Petersburg, in the *Danube* of Vienna, says, Dr. Mandt, Homœopathic Physician to the late Emperor, has left Russia in great haste and secretly. He is reproached with having too long concealed from the august deceased that his lung was attacked; also with having himself prepared the medicines destined for the Emperor, instead of having had them prepared by a druggist. Great irritation was manifested against him at St. Petersburg, and the Emperor Alexander himself advised him, it is said, to leave Russia.—*Med. Times and Gaz.*, March 31.

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To Readers and Correspondents.—We shall endeavour to issue our next number before the regular time of publication in order to furnish our subscribers, at as early a day as possible, with a full account of the proceedings of our National Medical Congress. We shall take pleasure in sending to our *Exchanges* early copies of the number, to enable them to do the same.

NEW MEDICAL WORKS.

The completion has just been received of *Rokitansky's Pathological Anatomy*, issued by the Sydenham Society, and of *Lehmann's Physiological Chemistry*, translated under the auspices of the Cavendish Society. We understand that both works will shortly be published by Messrs. Blanchard and Lea, each complete in two handsome octavo volumes, at a low price. *Lehmann's Chemistry* will pass through the press under the supervision of Prof. R. E. Rogers, of the University of Pennsylvania, who will introduce, throughout the text, the matter contained in the Appendix, consisting of Lehmann's later researches, and will also add such illustrations from *Funcke's Atlas of Physiological Chemistry*, as will tend to the better elucidation of the text.

Dr. La Roche's long-promised work on *Yellow Fever* is now passing rapidly through the press, and will shortly appear in two handsome octavo volumes. During the course of the present month, Prof. Gross will present to the profession a new and greatly enlarged edition of his work on the *Urinary Organs*, which has already assumed the position of a standard authority, both in England and this country. Prof. S. H. Dickson, of Charleston, has nearly ready for the press, a volume entitled *Elements of Medicine*, intended as a text-book on Practice, which will be published during the summer. Dr. Tyler Smith's new and interesting work on *Leucorrhœa* will be reprinted here in the course of a few weeks. Mr. Mackenzie's well-known work on the *Eye*, in its enlarged and improved form, is passing through the press, under the editorial care of Dr. Addinell Hewson, and will shortly be ready for publication.

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Messrs. Blanchard and Lea will be happy to furnish, on application, copies of their *Illustrated Medical Catalogue*, a handsome pamphlet of sixty-four octavo pages, containing descriptions of their publications, notices of the press, specimens, &c. &c. It will be sent by mail, prepaid, on receipt of two 3 cent postage stamps.

THE MEDICAL NEWS AND LIBRARY.

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MEDICAL PROGRESS.

American Medical Association.—The Eighth Annual Meeting of the American Medical Association was held in Philadelphia, in the Saloon of the Musical Fund Hall, which had been expressly fitted up for the occasion. The lower rooms of the Hall were appropriated to the use of committees, and in one of them there was placed, for the inspection of members, a very finely-sculptured stone, designed as a contribution by the Association to the Washington Monument. On its face is a representation, in alto relievo, of Hippocrates refusing the presents sent to him by Artaxerxes with the design of inducing him to leave his country and give his professional aid to the subjects of Persia. It bears the following inscription:—

Instituted
MDCCCXLVII.
Vincit Amor Patriæ.

The following report of the proceedings will be found very full, and may be relied on as authentic; and, to gratify those who were not present and who will undoubtedly be desirous of learning what was done, we have issued this number in advance of the regular day of publication.

Tuesday, *May* 1, 1855.

The session was opened this morning at 11 o'clock, the President, Dr. C. A. Pope, of Missouri, in the Chair; Drs. N. S. Davis, of Illinois, and John Green, of Massachusetts, occupied seats on either side. Drs. Francis West, of Pennsylvania, and E. S. Lemoine, of Missouri, Secretaries.

The President called the Association to order, and announced that the first order of business was the reception of the report of the Committee of Arrangement on the Credentials of Members.

Dr. Hays, Chairman of that Committee, before presenting the report, begged leave on behalf of the medical profession of Philadelphia, to greet the members of the Association with a sincere and cordial welcome, and to assure them that every endeavour had been made to effect such arrangements as would facilitate the deliberations of the Association, promote the comforts of its members, and render their sojourn in Philadelphia agreeable. This, he stated, was a duty incumbent on the profession of this city, and one which it was a source of gratification to them to perform. "Eight years," he said, "have elapsed since the Association was here organized, and our brethren in every city in which the Association has since met, have received our Delegates with a generous and munificent hospitality which we dare not aspire to

Published monthly by BLANCHARD & LEA, Philadelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage to the subscriber.*

☞ *In no case will this work be sent unless the money is paid in advance.*

rival, and can scarcely hope to approximate. Should our effort then fall short of fulfilling our wishes, I must beg you to at least accept the assurance that it is our earnest *desire* to do everything in our power to demonstrate our profound respect for the assembled wisdom of the noblest of Professions."

Dr. Hays then reported the names of 337 Delegates, who had already registered, and stated that the Committee of Arrangements were in session, and busily engaged in the performance of their duties.

As the next order of business was the calling of the roll, Dr. H. hoped that the reading of the report now would be dispensed with as unnecessary, which was acceded to.

The roll was then called by the Secretary, Dr. West.

[The following list comprises the names, not only of the Delegates and members in attendance at the opening of the session, but those also who subsequently presented themselves.]

MAINE.

Maine Medical Association—A. J. Fuller, G. S. Palmer, Alpheus F. Page, N. P. Monroe, Jas. C. Weston, Nathan Emerson.

Penobscot Medical Society—Horatio N. Page, Joshua P. Dickinson.

Medical School of Maine—E. R. Peaslee.

NEW HAMPSHIRE.

New Hampshire State Medical Society—Silas Cummings, Thomas H. Marshall, Josiah Crosby, Frederick Boyden.

Stafford District Medical Society—David T. Parker.

VERMONT.

Vermont State Medical Society—Charles Clarke.

Vermont Medical College—George T. Elliott, Jr.

Grafton District Medical Society—Israel Hinckley, Henry B. Brown.

Castleton Medical College—Jos. Perkins.

MASSACHUSETTS.

Massachusetts State Medical Society—Henry Willard, W. M. Cornell, E. T. Eastman, Alex. Thomas, George Hayward, Winslow Lewis, Jeremy Stimson, Martin Root, Anson Hooker, Jonathan W. Bemis, Horace Richardson, Ephraim Buck, Benj. E. Cotting, C. P. Fiske, W. H. Page, Edward B. Moore, Jasper H. York, A. Le Baron Monroe, Gilman Kimball, S. G. Burnap, John Geo. Metcalf, Robert T. Davis, Augustine Shurtleff, Joseph Farnum, Jr. Benj. Cox, Jr., John Green, Wm. Workman, Joseph Sargent, Henry Sargent, C. C. Holmes, E. D. Miller, John Ellis Blake, Benjamin Cutter, Francis Leland, Anson P. Hooker, George Choate, Charles W. Fay.

Thurber Medical Association—Ambrose Eames, Allen C. Fay.

Boston Medical Association—Edward D. G. Palmer, S. L. Sprague.

Boston Society for Medical Observation—J. Nelson Borland, Luther Parks, Jr.

Medical Department Harvard University—D. H. Storer, Ed. H. Clarke.

Massachusetts General Hospital—J. Mason Warren.

Essex North Medical Society—Stephen Huse.

Boston Society for Medical Improvement—George H. Lyman, William W. Lyman, John Homans, Wm. W. Morland, Calvin Ellis.

Berkshire Medical College—O. S. Root.

Permanent Member—Levi Folsom.

RHODE ISLAND.

Rhode Island State Medical Society—Joseph Mauran, Ariel Ballou, Jas. H. Eldridge, Chas. W. Parsons, David King.

Providence Medical Association—W. Owen Brown, George P. Boker.

Permanent Member—Usher Parsons.

CONNECTICUT.

Connecticut State Medical Society—J. G. Beckwith, Samuel S. Noyes, John D. Ford, L. N. Beardsley.

New Haven Medical Association—John K. Downes, S. H. Totten, George E. Budington, John Nicoll.

Hartford Hospital—Myron W. Wilson.

Norwich Medical Association—Ashbel Woodward.

New Haven County Medical Society—P. A. Jewett, N. B. Ives, H. W. E. Matthews, Reynold Webb, Leonard J. Sanford, Chas. A. Lindsley, Joel Canfield, Benjamin H. Catlin.

Litchfield County Medical Society—Samuel T. Salisbury, Wm. W. Welch.

Fairfield County Medical Society—Robt. Hubbard, David S. Burr.

Middlesex County Medical Society—Geo. W. Burke, Ira Hutchinson, Elisha B. Nye.

Medical Institution of Yale College—Jonathan Knight, Charles Hooker.

Connecticut State Hospital—E. H. Bishop.

New London County Medical Society—Ashbel Woodward.

Windham County Medical Society—Lewis Williams.

Tolland County Medical Society—Francis L. Dickinson, Alden Skinner.

Middlesex Central Medical Association—David Harrison.

Permanent Members—Reynold Webb, Gideon L. Platt.

NEW YORK.

New York State Medical Society—E. W. Armstrong, John E. Todd, Edson Carr.

Erie County Medical Society—Jas. M. Newman.

New York County Medical Society—Isaac Wood, D. Meredith Reese, Alfred C. Post, John Shanks, James Warren, Henry S. Downs, H. D. Bulkley.

Herkimer County Medical Society—Wm. H. H. Parkhurst, A. F. Doolittle.

Binghampton Academy of Medicine—Geo. S. Little.

Madison County Medical Society—A. L. Saunders.

Bellevue Hospital of N. York—S. Smith.

Academy of Medicine—F. Campbell Stewart, David Green, Jno. W. Corson, J. Foster Jenkins, H. Weeks Brown, E. B. Warner, Joseph Wooster, Charles Henschel, S. Pomroy White, James O. Pond, James L. Phelps, J. P. Batchelder, J. T. Garrish, Pliny Earle, W. N. Blakeman, Lewis A. Sayre, William Rockwell.

Medical Association of Southern Central New York—John Gay Orton, R. O. Crandall, H. M. Eastman.

New York Medical College—B. Fordyce Barker, Horace Green.

Albany Medical College—Alden March.

Buffalo Medical Association—Chas. H. Wilcox, Frank H. Hamilton.

New York State Emigrant Hospital—Thos. Addis Emmet, Ernest Schilling.

Society of German Physicians—Ernest Krackowizer.

Oneida County Medical Society—Jno. McCall, N. H. Dering.

Wayne County Medical Society—C. G. Pomeroy, J. P. H. Deming.

Oswego County Medical Society—Chas. G. Bacon.

Monroe County Medical Society—John. Reid, Henry W. Dean.

New York Hospital—John Watson, Joseph M. Smith.

Geneva Medical College—Fred'k Hyde.

Richmond County Medical Society—W. C. Anderson.

Broome County Medical Society—Thomas Jackson.

New York Pathological Society—S. S. Purple, J. C. Hutchison, Thos. F. Cock, Thomas C. Finnell.

New York Medical Association—Joseph A. Morrell.

New York Ophthalmic Hospital—Mark Stephenson.

Medical Department of the University of Buffalo—Sanford B. Hunt, James P. White.

Medical Faculty of the University of the City of New York—J. T. Metcalfe.

Kappa Lambda Society of New York—Thomas Cock.

College of Physicians and Surgeons New York—Alonzo Clark.

German Medico-Chirurgical Society—Louis Bauer, Theodore A. Tellkampf.

King's City Hospital—Thomas Turner.

King's County Medical Society—T. Anderson Wade.

Statistical Society—D. S. Conant.

Westchester County Medical Society—James D. Trask.

Permanent Members—Caleb Budlong, Henry S. West, E. H. Davis, A. Baker, Jr., P. B. Brooks, A. Willard, Harvey Jewett, J. M. Austin.

PENNSYLVANIA.

Philadelphia College of Physicians—Isaac Hays, G. B. Wood, R. A. Given, Ed. Hartshorne, J. B. Biddle, Francis West, Franklin Bache, Jno. Neill, Fras. G. Smith, Jr., Paul Beck Goddard, Joseph Carson, J. Rodman Paul.

Pennsylvania State Medical Society—Charles Innes, Henry Carpenter, G. Emerson, David O. Mosser, Jno. A. Martin, Robert K. Smith, John G. Kœhler, J. M. Confer, W. W. Townsend.

University of Pennsylvania—Hugh L. Hodge, Samuel Jackson.

Jefferson Medical College—Joseph Pancoast, Charles D. Meigs.

Pennsylvania Medical College—David Gilbert, J. M. Allen.

Philadelphia College of Medicine—Isaac A. Pennypacker, Henry Hartshorne.

Pennsylvania Hospital—George W. Norris, William Pepper.

Wills' Hospitol—S. Littell.

St. Joseph's Hospital—Alfred Stillé.

Episcopal Hospital—John J. Reese.

Philadelphia Hospital, Blockley—J. L. Ludlow, Henry H. Smith.

Philadelphia County Medical Society—Robert P. Thomas, Samuel L. Hollingsworth, William V. Keating, Caspar Wister, Benjamin S. Janney, Thomas H. Yardley, D. Francis Condie, D. Paul Lajus, Wilson Jewell, John Bell, Thomas F. Betton, Samuel Jackson, William Byrd Page, Samuel Lewis, Anthony E. Stocker, Wm. H. Klapp, Ellwood Wilson, John Conrey, James V. Emlen, Arnold Naudain, John F. Lamb, Lewis Rodman.

Northern Medical Association — Levi Curtis, William Mayburry, R. H. Townsend, N. L. Hatfield, J. Henry Smaltz.

Western Clinical Infirmary—Thomas Hewson Bache.

Philadelphia Dispensary — James M. Corse.

Chester County Medical Society—Isaac Thomas, Wilmer Worthington, Alexander K. Gaston, S. A. Ogier.

Delaware County Medical Society—M. Emanuel, C. J. Morton.

Lancaster City and County Medical Society—J. B. Stubbs, P. Cassidy, J. K. Raub, Thomas Ellmaker, Robert Duncan, W. S. Thompson, John Ream.

Lancaster County Hospital—John L. Atlee, J. Aug. Ehler.

Huntingdon County Medical Society—J. M. Gemmill, J. H. Dorsey.

Medical Society of City of Reading and County of Berks—Frank M. Hiester, P. G. Bertolet, Wm. Gries, Edward Wallace.

Cambria County Medical Society—R. M. S. Jackson.

Bucks County Medical Society—John Dyer, O. P. James.

Lehigh County Medical Society—Charles H. Martin.

Schuylkill County Medical Society—Jas. S. Carpenter, George Halberstadt.

Montgomery County Medical Society—Hiram Corson, Charles Shoemaker, John L. Foulke, Wm. Corson.

Blair County Medical Society—Wm. R. Finley.

Philadelphia Association for Medical Instruction—Addinell Hewson.

Allegheny County Medical Society—A. M. Pollock.

Moyamensing House of Industry—Jacob Da Costa.

Northampton County Medical Society—Robert E. James, Edward Swift, Trail Green.

York County Medical Society—James W. Kerr.

Philadelphia Medico-Chirurgical Society—Henry Y. Smith.

Lebanon County Medical Society—William Moore Guilford.

Mifflin County Medical Society—Abram Rothrock.

Permanent Members—Henry Bond, Geo. J. Ziegler, Réné La Roche, B. Horner Coates, Winthrop Sargent, Jr., W. L. Atlee, J. D. Ross, Jas. Bryan, Wm. Ashmead, John Lowman, Anthony Heger, Moreton Stillé, George Fox, Laurence Turnbull, Thomas Spencer, G. W. Wimley, R. E. Rogers, William A. Piper, Isaac R. Walker, J. H. B. M'Clellan, William H. Watson, Caspar Morris.

NEW JERSEY.

State Medical Society of New Jersey—Zachariah Read, B. H. Stratton, R. M. Cooper, Lewis Condict, James B. Coleman, J. B. Munn.

Camden County District Medical Society—A. D. Woodruff, Isaac L. Mulford.

Camden City Medical Society—Thos. F. Cullen.

Cumberland County Medical Society—Isaac H. Hampton, Enoch Fithian, William Elmer.

Mercer County District Medical Society—John H. Phillips, Thomas J. Corson.

Hunterdon County (N. J.) Medical Society—John Blane.

Essex County (N. J.) District Medical Society — Lyndon A. Smith, George R. Chetwood.

Burlington County Medical Society—Henry H. Longstreet, George Goodell, J. P. Coleman.

Hudson County Medical Society—Charles Cook, John Thomson.

Sussex County District Medical Society—A. D. Morford, John R. Stuart.

Gloucester County Medical Society—John R. Sickler, Charles F. Clark.

Warren County District Medical Society—P. F. Brakeley.

Permanent Members—O. H. Taylor, S. W. Butler, Quinton Gibbon.

DELAWARE.

Delaware State Medical Society—Robert H. Clark, Henry F. Askew, John Merritt, Gove Saulsbury, R. R. Porter.

New Castle County Medical Society—James Couper, J. W. Thompson, John P. Wales.

Wilmington Medical Association—Wm. R. Bullock, James F. Wilson.

Kent County Medical Society—Isaac Jump, Waitman Jones, James R. Mitchell.

Permanent Member—L. P. Bush.

MARYLAND.

Baltimore Infirmary—Richard H. Thomas.

Medical and Chirurgical Faculty of Maryland—Peregrine Wroth, Joel Hopkins, Samuel P. Smith, A. M. White, Washington Duvall, Charles Macgill, Christopher Johnston, Charles Frick, John K. Sappington, J. Gilman, Samuel K. Handy, James Bordley, William B. Crane, F. E. B. Hintze, George W. Lawrence, Walter T. Belt, John F. Monmonier.

Medical and Surgical Society of Baltimore—A. Snowden Piggott, William H. Baltzell, D. A. O'Donnell.

St. Mary's County Medical Association—Thomas Matthews.

University of Maryland—George M. Miltenberger.

Talbot County Medical Society—Joseph E. M. Chamberlaine, Thomas W. Martin, Edw. M. Hardcastle.

Pathological Society of Baltimore—F. Donaldson, William H. Davis, William Riley.

Kent County Medical Society—Thomas C. Kennard.

Permanent Member—John Hanson Briscoe.

DISTRICT OF COLUMBIA.

National Medical College—Lewis H. Steiner, Thomas Miller.

Washington City Infirmary and Hospital—B. Johnson Hellen.

Medical Society of District of Columbia—Grafton Tyler, Alex. J. Semmes, Jno. C. Riley, Harvey Lindsly, James C. Hall, C. Bayle, G. M. Dove, W. J. C. Duhamel.

Georgetown Medical College and Medical Association of District of Columbia—James E. Morgan.

VIRGINIA.

Medical Society of Virginia—Peterfield Trent, J. Lewis Dorset, P. C. Gooch, J. Grattan Cabell, J. M. Hurt.

Medical College of Virginia—Charles Bell Gibson, B. R. Wellford.

Winchester Medical College—Alfred B. Tucker, Hugh H. McGuire.

Prince Edward County Medical Society—James Lyle, A. S. Dillon.

Medical Department University of Virginia—J. L. Cabell, B. W. Allen.

Petersburg Medical Faculty—Joseph W. Smith, J. F. Peebles, Pitman C. Spencer.

Member by Invitation—P. F. Browne.

Permanent Member—William B. Cochran.

NORTH CAROLINA.

North Carolina State Medical Society—O. F. Manson, N. J. Pittman, Charles F. Dewey, John R. Thompson.

Edgecombe County Medical Society—B. W. Mabrey.

SOUTH CAROLINA.

South Carolina Medical Association—T. S. Robertson, J. F. M. Geddings, N. Heyward Gibbes, W. W. Mobley, R. F. Michel, John L. Dawson, Robert S. Bailey, C. Happoldt, Amory Coffin, William C. Horlbeck.

Medical Society of South Carolina—P. C. Gaillard, Octavius White.

Medical College of the State of South Carolina—Thomas G. Prioleau, Henry R. Frost.

Columbia Medical Society—Samuel Fair.

Charleston Medical Institute—F. M. Robertson.

Permanent Member—R. A. Kinlock.

GEORGIA.

Savannah Medical College—Richard D. Arnold.

ALABAMA.

Alabama State Medical Association—William M. Boling, P. H. Cabell, A. Denny.

Permanent Member—S. W. Clanton.

TENNESSEE.

Tennessee State Medical Society—Robert C. Foster.

University of Nashville—J. Berrien Lindsley.

Permanent Member—Frank A. Ramsey.

KENTUCKY.

Covington Medical Society—C. J. Blackburn.

Louisville Marine Hospital—J. C. Johnston.

University of Louisville—T. G. Richardson.

Kentucky State Medical Society—David D. Thomson, J. Taylor Bradford.

Kentucky School of Medicine—Joshua B. Flint, A. B. Cook.

Permanent Member—Walter A. Norwood.

OHIO.

Ohio State Medical Society—Levi D. Sheets, Isaac C. Williams, R. Hills, B. B. Leonard, J. F. Potter, Ephraim Gaston, R. R. McMeens, T. H. Baker, J. D. Cotton, Abel Carey, A. Dunlap, John G. F. Holston.

Miami Medical College—R. D. Mussey, C. G. Comegys.

Erie County Medical Association—Daniel Tilden.

Clinton County Medical Society—T. W. McArther.

Medico-Chirurgical Society of Cincinnati—Alex. M. Johnston, Wm. Clendenin.

Wayne County Medical Society—Wm. S. Battles.

Commercial Hospital of Cincinnati—Asbury Evans.

Medical College of Ohio—Thomas Wood.

Starling Medical College—S. M. Smith, John Dawson.

Cincinnati Medical Soiety—J. P. Walker, O. D. Norton.

Members by Invitation—Caleb Jones, A. M. Reed.

Permanent Member—Thomas W. Gordon.

INDIANA.

Union Medical Society, Northern Indiana—M. M. Latta

Indiana State Medical Society—Joel Pennington, Thomas W. Florer, Edward Murphy.

Kosciusko County Medical Society—William E. Sarber.

ILLINOIS.

Rush Medical College—N. S. Davis, J. V. Z. Blaney

Cooke County Medical Society—J. W. Freer.

La Salle County Medical Society—Joseph Stout.

Illinois State Medical Society—Daniel Brainerd, A. H. Luce, S. W. Noble, Rudolphus Rouse.

Permanent Member—William Robinson.

MISSOURI.

St. Louis Medical College—Charles A. Pope.

St. Louis Medical Society—L. P. Perry, T. E. Massie, E. S. Lemoine, E. F. Smith.

IOWA.

Medical Department Iowa University—J. E. Sanborn.

WISCONSIN.

Wisconsin State Medical Society—Clark G. Pease, Alfred L. Castleman, J. J. Brown.

Milwaukie Medical Association—John B. Dousman.

Milwaukie Medical Society—J. K. Bartlett.

MICHIGAN.

Michigan State Medical Society—N. D. Stebbins, H. Taylor, J. H. Beech, Samuel M. Axford, Aaron L. Leland.

Detroit Medical Society—Wm. Brodie, Zina Pitcher.

University of Michigan—A. B. Palmer.

Permanent Member—Isaac Paddack.

UNITED STATES NAVY.

T. Dillard, James M. Greene, Samuel Barrington, G. R. B. Horner.

PARISIAN MEDICAL SOCIETY.

Walter F. Atlee.

On motion of Dr. Biddle, of Pennsylvania, the President, Dr. C. A. Pope, was now requested to deliver the annual address.

DR. POPE'S ADDRESS.

GENTLEMEN: With feelings of grateful pleasure, I meet you, and greet you, on this occasion.

For high and useful purposes have we assembled from the wide extent of our beloved country. The elevation of a noble profession—the promotion of science—the good of humanity—these have been, are, and will continue to be, the objects of our Association. Whether we have, thus far, done much or little, our sole aim has been the advancement of the best interests of our fellow-men. I shall not assert that we have done as much as we might have done, or that the course hitherto pursued by us is so perfect as to admit of no improvement. Were such the fact, and were the Association a firmly established institution, I might have experienced more hesitation in the selection of a theme for the present occasion. And since we cannot, as yet, I think, urge such a claim, the few suggestions which

I shall offer, are made with becoming diffidence, but at the same time with a deep sense of their importance to the welfare and perpetuity of our Association.

Some strictures on our proceedings, in medical and other journals, have appeared within the last year, as well as in previous years. I shall not here blame the authors of them. They are, doubtless, as proud of our noble profession as we, and equally with us, anxious for the advancement of its interests and its honor. I thank them for their suggestions. All of us are ready to hear them and to profit by them. If any more actual mode of arriving at truth can be devised than that which we have heretofore pursued, all of us are ready to follow it, and would rather thank than quarrel with those who may propose it.

Physicians have an almost superhuman mission to fulfil. The goal of their ambition, and their hopes, and their duty, stands at the *ultima thule* of human capacity—nay, rather beyond it. It cannot, indeed, be said that their duties are beyond their powers, but their ambition, their hopes, their wishes, certainly are. They would gladly know, not only all the secrets of organization, but those also of physiology, pathology, and therapeutics. To arrive at such knowledge is, perhaps, beyond the attainment of the human mind. Multiform are the elements which enter into the problem of health and disease. Health, is, itself, a constant change of composition—diseases are ever-varying changes, supervening on this.

Do we not know, with all our advancement, and after all the toil of our predecessors for two thousand years, the exact changes in which any disease, the fevers for instance, consists? And even when we shall have learned these, so as to understand them as well as the most ordinary chemical changes, the ever varying character of most diseases, and the inward disturbing influences upon them, of the mental and moral emotions, would require to follow them, a continued stretch and power of intellect, of which it is doubtful if man be capable. This exactness of knowledge is not, I grant, necessary to the very successful practice of medicine. Our profession can render great and important services to man without it, but with it, it would be still more serviceable. To it our ambition tends. To this perfect knowledge we aspire. Although we may never reach, we can yet eternally approach it. In the vast region of our researches, there is no probability that human genius will ever, Alexander-like, weep for the want of unconquered provinces. Beyond the conquests of the future heroes of the profession, there will always be a boundless field for the ambitious and philanthropic explorer. In the language of a Western student, "the science of Medicine, like the liver of Prometheus, is sufficient to glut the eagles of all time."

The object of this Association is to do something to advance the profession towards the far distant goal of perfection—to aid the solution of some of the problems and enigmas of life and organization—to add some material to the growing temple, whose foundations were so firmly laid by the Coan sage—and to do its part, as best it may, in the cause of humanity. Nor do I think, that so far, it has altogether failed. Many valuable contributions to science have been elicited—professional ambition has been stimulated—an *esprit-de-corps* has been successfully evoked and established. The strength of the profession has acquired additional power by the union of its members. This association has been to physicians, what the railroad and electric wires are to commerce, and the interchange of useful knowledge to states and nations. It has made us one, and, as I have just remarked, in unity there is power. This association has stimulated thought. Chaotic and void would forever remain the masses of facts accumulated by the observation of ages, but for the co-ordinating and logical power of reason. It sits in judgment on the silent phenomena, as a "refiner of fire, and a purifier of silver." It forces the voiceless facts to mount the tripod of the oracle, and speak forth words of wisdom. The scalpel, the crucible, the microscope, may be subsidiary to its purposes and ends, but they cannot supply its place. Fixed and patient thought, in medicine, as in the other departments of science, is the Aladdin's lamp that lights the footsteps of the discoverer. To stimulate attention and thought, is to accelerate many a new discovery—to hasten the advent and establishment of important principles yet in the womb of the future. May not our Association do this more effectually than it has hitherto done?

Let all the contributions be read and attentively considered. Such a course would certainly be more encouraging, as well as more respectful, to their authors. Let the reports be deliberately and fully discussed, and let them go forth to the world with the sanction or the criticisms of the Association. This would require time, it is true, but if we have time to meet at all, surely a few days would make but little difference. The good that would be effected would yield a tenfold compensation for the time employed. Every one must admit that three or four days is too short a time for the Association rightly to fulfil its annual mission.

I would, moreover, respectfully suggest that time be taken for the discussion of some of the leading topics of medical philosophy. Amongst these, may be mentioned the nature, causes, and treatment of cholera, yellow fever, *et cetera*—Hygiene, and the laws of health affecting masses of men—Quarantine—the causes of mortality among children—the chemical and vital doctrines of life. Questions like these, indicated a year in advance for discussion, would excite a carefulness of investigation, and a degree of attention and thought which could not fail to clear away much of the darkness and doubt in which they are yet shrouded. Nothing so sharpens the intellectual powers as public debate. It fixes attention, and strains to the utmost every faculty. I have no hesitation in saying that facts enough have been accumulated to establish great and general principles, of which the medical world is yet in ignorance or doubt. Nothing would contribute more to demonstrate these principles than the collision of natural intellects in public debate. What a mass of facts, and argument, and demonstration would be brought to bear on any of the subjects alluded to, if some of the best minds in the profession were to debate them, after a year's preparation! Observed facts are the crude materials of science—the intellect is the master builder of its august temple.

I make these suggestions for your consideration. All the scientific meetings in this country and in Europe, employ more time than ours has hitherto employed. Evidently we must protract our sessions, if we would render them serviceable to science as they may be. No member of the Association will be required to remain longer than suits his wishes or convenience. Some fifty or sixty, more or less, would always be found to listen with eagerness to scientific papers, and engage with pleasure in scientific discussion.

The time has probably arrived, for a change in our plan of organization, which will admit of the selection of a permanent place for the future meetings of the Association. There are evident advantages incident to both the migratory and stationary plans. These might, perhaps, be easily reconciled and secured. A proposition, if I mistake not, was made some years ago, by the Smithsonian Institution, and I would respectfully suggest, whether it would not be in accordance with the best interests of the Association, to hold biennial meetings in Washington, and the alternate one, as now, at different points of our common country. We might thus secure all the advantages of a fixed abode, in the way of preserving the archives, making collections, etc., whilst by meeting in various localities, we could not fail to excite that wide-spread interest among the profession, and obtain such accessions of new members as would greatly enhance the high and useful objects of our Association. Should this proposal meet with your approbation, I would further intimate that policy would perhaps require the meetings of the Association at the National Capital, to be held in the years of the short sessions of Congress.

I shall say but little of the legislative duties of the Association. I shall say nothing of the propriety or impropriety of getting laws passed to regulate the practice of Medicine, and furnish standards for candidates for the Doctorate. Perhaps the Association can do but little in this respect. Ours is a popular government, and the people are disposed to allow the largest freedom in everything pertaining to Medicine, Medical Schools, and Physicians. Laws passed against quackery one year, are revoked the next. Our country is the paradise of quacks. All good things have their attendant evils, and this unbridled liberty is one of the evils of a popular government. May we not hope, however, that even this evil may disappear, as general education and the cultivation of the masses advance? At any rate the people are not yet disposed to put down the quacks, nor to require too high a degree of qualification for those of the regular profession. After all, laws can make only mediocre physicians. They can require the candidates to know only so much—to be qualified to a certain degree; and this degree will always be far lower than that to which the true lovers of knowledge would attain, without any legislation on the subject. The greater lights of the profession cannot be manufactured after any process of legislative enactment. Thirst of knowledge, self-love, philanthropy, burning ambition—these make the great physician and surgeon. These have made all the worthies of the past—not legislation. Legislation cannot drive the drone to the proud heights of professional eminence. When these heights are reached, it will be seen that the successful aspirant has been stimulated by a stronger power.

To him, the laurel blossoms of renown and the life-giving mission of his art are dearer and more attractive than was the mystic bough of the sibyl to the eager Æneas; or than the golden apples, guarded by sleepless dragons, to the Hesperian daughters.

Whatever course you may think proper to pursue, I am sure that your objects will be, the advancement of science—the good of mankind—the honour and glory of the profession. We have the dignity and character of a noble calling to sustain—of a profession which has numbered, for two thousand years and more, some of the wisest and best men in all countries and all times. It is no trivial matter, to sustain the rank and respectability of a vocation which can boast of a Hippocrates—a Harvey—a Hunter—of the most erudite and beneficent of sages and philanthropists the world ever saw—of a profession which has furnished to every nation its *clarum et venerabile nomen.*

On the eve of the battle of the pyramids, Napoleon exclaimed: Soldiers! from the height of yon monuments, forty centuries look down upon you. Gentlemen, from the heights of past ages, countless worthies of our God-like profession point and beckon to a goal more elevated than that which attracts legislators and conquerors, Solons and Cæsars.

On motion of Dr. J. B. Biddle, of Pennsylvania, it was

Resolved, That the thanks of the Association be tendered to the President for his able and interesting address, and that he be requested to furnish a copy of it to the Committee of Publication.

Dr. Hays, of Pennsylvania, stated that the Committee of Arrangements had proposed certain plans which would require the sanction of the Association for their accomplishment, and with this view he would offer a resolution that the Association hold one session daily, commencing at 9 o'clock A. M., and terminating at 3 o'clock P. M., with a recess during the hour of from 1 to 2 P. M. The resolution was adopted.

Dr. Hays then stated it was proposed by the Committee of Arrangements that the members of the Association should visit *this* afternoon the Pennsylvania Hospital for the Insane; on *Wednesday* afternoon, Girard College and Fairmount; on *Thursday* afternoon, Philadelphia Hospital, Blockley; on *Friday* afternoon, the Asylum for the Blind; and that arrangements had been made for conveying the members to those institutions.

Dr. Hays further stated that the Mayor of the City invited the Association to a reception at Independence Hall, at noon on Wednesday; and that invitations had been extended to the members to visit, at their convenience, the principal Public Institutions of the city, to all of which the cards of membership of the Association would secure admission.

That the members were invited, on *Tuesday* evening, to the houses of Drs. H. L. Hodge, G. W. Norris, and F. Bache; on *Wednesday* evening to the houses of Drs. G. B. Wood, A. Stillé, and J. R. Paul; on *Thursday* evening to the houses of Dr. S. Jackson, Mr. Isaac Lea, Drs. J. Pancoast, and H. Hartshorne.

On motion of Dr. J. B. Biddle, of Pennsylvania, it was

Resolved, That a committee of one member from each State represented be chosen by the respective delegations of each State, to nominate officers for the ensuing year.

On motion, a recess of five minutes was taken to enable the delegations to carry out the object of the above resolution.

At the termination of the recess the Association was called to order, when each of the delegations reported their representative on the Nominating Committee, as follows:—

Maine—A. J. Fuller.
New Hampshire—Silas Cummings.
Vermont—G. T. Elliott.
Massachusetts—C. P. Fiske.
Rhode Island—Jos. Mauran.
Connecticut—P. A. Jewett.
New York—John McCall.
Pennsylvania—J. B. Biddle.

New Jersey—Lewis Condict.
Delaware—James W. Thompson
Maryland—Charles McGill.
District of Columbia—Thomas Miller.
Virginia—B. R. Wellford.
North Carolina—O. F. Manson.
South Carolina—P. C. Gaillard.
Georgia—Richard D. Arnold.
Alabama—P. H. Cabell.
Tennessee—J. Berrien Lindsley.
Kentucky—C. J. Blackburn.
Ohio—R. Hills.
Indiana—Joel Pennington.
Illinois—J. V. Z. Blaney.
Michigan—A. B. Palmer.
Missouri—L. P. Perry.
Iowa—J. E. Sanborn.
Wisconsin—J. B. Dousman.
U. S. Navy—Thos. Dillard.

Dr. Condie, of Pennsylvania, offered the following resolution:—

Resolved, That all permanent members who, in consequence of not having received in due time notification of their indebtedness have had their names stricken from the roll, but who have since paid, or may hereafter pay their assessment, shall have their names restored to the list of permanent members.

Dr. Watson, of New York, offered the following as an amendment:—

Resolved, That no permanent member of this Association shall be deprived of his privileges as a permanent member on account of failing to contribute to the funds at any meeting at which he is not in attendance.

After some debate, on motion of Dr. White, of New York, the above resolutions were referred to a committee of three, with instructions to report what action, if any, is expedient in the premises.

The chair appointed Dr. White, of New York, Dr. Watson, of New York, and Dr. Condie, of Philadelphia, this committee.

Dr. F. C. Stewart, of New York, offered the following resolution:—

Resolved, That the Nominating Committee be instructed to present three names to the Association as candidates for the office of President, that the election of President shall be by ballot, and that the candidate who shall have the smallest number of votes, shall be withdrawn after the first ballot;—which, on motion of Dr. Boyle, of D. C., was laid on the table.

On motion of Dr. Atlee, of Pennsylvania, it was

Resolved, That the Nominating Committee be instructed to recommend the place for the next annual meeting of the Association.

Invitations to the Association were extended respectively by Dr. Pitcher, of Michigan, on behalf of the medical profession of Detroit; by Dr. Foster, of Tennessee, on behalf of the profession of Nashville; and Dr. Brainard, of Illinois, on behalf of the profession of Chicago, to hold its next session in the above-named cities. These invitations were, on motion, referred to the Committee on Nominations.

On motion of Dr. Frank A. Ramsey, of Tennessee, it was

Resolved, That so much of the President's Address, as refers to the subject of the place and mode of meeting of the Association be referred to the Nominating Committee.

Dr. D. D. Thomson, of Kentucky, moved that the regular order of business be suspended, in order to take up the amendments to the Constitution offered at the last annual meeting.

Several members objected, and the motion was lost.

The President stated that the next business in order was the reception of "members by invitation," when,

On motion of Dr. Condie, the names of all "members by invitation" were referred to the Committee of Arrangement.

The President announced that the next business in order was the reports of the different committees appointed at the last annual meeting.

Dr. La Roche, on behalf of the Committee on Prize Essays, reported that the committee had received six essays in competition for the prize offered by the Association. That, although these essays evinced much ability and extensive learning, but one was decided to possess those qualities which deserved the award of the prize. The essay was entitled "Statistics of Placenta Prævia." The accompanying envelope was opened, and the name of the author was announced as Dr. James D. Trask, of White Plains, New York.

On motion of Dr. Condie, it was

Resolved, That the essay be referred to the Committee on Publication.

The following committees were called upon, but no reports were received:—

1. Dr. Worthington Hooker, of New Haven, on the Epidemics of New England and New York.

2. Dr. John L. Atlee, of Lancaster, Pennsylvania, on the Epidemics of New Jersey, Pennsylvania, Delaware, and Maryland.

3. Dr. W. D. Haskins, of Richmond, Virginia, on the Epidemics of Virginia and North Carolina.

4. Dr. D. J. Cain, of Charleston, South Carolina, on the Epidemics of South Carolina, Florida, Georgia, and Alabama.

5. Dr. W. L. Sutton, of Georgetown, Kentucky, on the Epidemics of Tennessee and Kentucky.

6. The Committee on the Prevailing Diseases of Missouri, Illinois, Wisconsin, and Iowa, Dr. Reyburn, chairman, presented their report with an abstract of the same, which last was read; and the former was, on motion, referred to the Committee on Publication.

The regular order of business was here interrupted, by permission, in order to receive the report of a special committee, when Dr. White, on behalf of the committee to which was referred certain resolutions in regard to the duties and privileges of permanent members, reported the following resolutions, which were adopted:—

Resolved, That no permanent member, who is not present at a meeting of the Association, shall be required to pay the annual assessment; but no such permanent member shall be entitled to receive a copy of the printed *Transactions* unless he pay into the treasury a sum not less than the annual assessment paid by the delegates and permanent members in attendance; and that all the names of permanent members that have been left off the published list, be reinserted therein in the next volume of *Transactions*.

Resolved, That no assessment whatever shall be made against members by invitation, but that they also be entitled to a copy of the printed *Transactions* by paying the sum assessed upon delegates in attendance.

The regular order of business was now resumed, which was the report of Standing Committees.

The following committees were in succession called, but no reports were received:—

7. Dr. George Mendenhall, of Cincinnati, Ohio, on the Epidemics of Ohio, Indiana, and Michigan.

8. Dr. E. D. Fenner, of New Orleans, Louisiana, on the Epidemics of Louisiana, Mississippi, Arkansas, and Texas.

9. Dr. James Jones, of New Orleans, Louisiana, on the Mutual Relations of Yellow and Bilious Remittent Fever.

10. Dr. D. F. Condie, of Philadelphia, Pennsylvania, on the Causes of Tuberculous Disease.

11. Dr. Joseph Leidy, of Philadelphia, Pennsylvania, on Diseases of Parasitic Origin.

12. Dr. A. P. Merrill, of Memphis, Tennessee, on the Physiological Peculiarities and Diseases of Negroes.

13. Dr. Joseph N. McDowell, of St. Louis, Missouri, on Statistics of the Operation for the Removal of Stone in the Bladder.

14. Dr. F. Peyre Porcher, of Charleston, South Carolina, on the Toxicological and Medicinal Properties of our Cryptogamic Plants.

15. Dr. Daniel Brainard, of Chicago, Illinois, on the Constitutional and Local Treatment of Carcinoma.

16. Dr. George Engleman, of St. Louis, Missouri, on the Influence of Geological Formation on the Character of Disease.

17. Dr. Henry Taylor, of Mount Clemens, Michigan, on Dysentery.

18. Dr. Horace Green, of New York, on the Use and Effect of Applications of Nitrate of Silver to the Throat, either in Local or General Disease.

19. Dr. P. Claiborne Gooch, of Richmond, Virginia, on the Administration of Anæsthetic Agents during Parturition.

20. Dr. Charles Hooker, of New Haven, Connecticut, on the Diet of the Sick.

This report was read and referred to the Committee on Publication.

21. Dr. E. R. Dabney, of Clarkesville, Tennessee, on Certain Forms of Eruptive Fevers prevalent in Middle Tennessee.

Dr. Sanford B. Hunt, of Buffalo, New York, from the Committee on the Hygrometrical State of the Atmosphere in various localities, and its influence on health, submitted a report, pending the reading of which

Dr. White, of New York, moved that this report, with the other reports of the Special Committees, be referred to the Committee on Publication, with the thanks of the Association to their authors.

Objections were urged against this course, and the motion was laid on the table by a very large vote.

Dr. Hays, of Pennsylvania, on behalf of

the Committee of Arrangements announced that omnibuses would be in waiting at 4½ P. M. to convey delegates, and the ladies of their party, to visit the Pennsylvania Hospital for the Insane, and reminded the members of the Association, that they were invited in the evening to the houses of Drs. H. L. Hodge, G. W. Norris, and F. Bache.

The hour for terminating the session having then arrived, the Association adjourned.

Wednesday, May 2.

The Association met at 9 o'clock, Dr. Pope, of Missouri, in the chair.

The minutes of yesterday's meeting were read and approved.

On motion of Dr. Condie, it was

Resolved, That the Secretaries of this Association be requested to afford every facility possible to the reporters of the public press, to enable them to furnish full and accurate reports of the transactions.

Dr. Atlee, of Pennsylvania, announced, on behalf of a committee of which he was the chairman, the completion of the stone ordered to be prepared as a contribution, on behalf of the Association, to the Washington monument.

Dr. A. stated, that at a meeting of the Association held in Richmond, Virginia, it was ordered that a stone should be prepared for the monument. Dr. Pearson, of Salem, Mass., advised that the representation of Hippocrates refusing the bribe of the King of Persia, should be placed on the stone, but before he could consummate the plan the fearful accident happened at Norwalk, which swept him from their midst. It is said that Hippocrates, upon being sent for by Artaxerxes, King of Persia, to be the Court Physician, returned as an answer, "tell your master I am rich enough; honour will not permit me to succor the enemies of Greece."

The sculpture was executed by a young man named John Augustus Beck, only twenty-two years of age. Eminent artists had expressed great admiration at the manner in which the sculpture was executed. Mr. Beck had been encouraged to go to Italy for study, and it is probable that he will rank among the first sculptors of the age.

Dr. Atlee then appealed to the members to come forward and make up a handsome compensation for the young artist.

On motion of Dr. Saunders, of New York, it was

Resolved, That no member should speak unless his name and residence were first announced.

Dr. Hays then read the list of members and delegates, whose names had been registered since the calling of the roll on the previous day. The additional names make the total number present at this time, 473.

Dr. J. B. Biddle, of Pennsylvania, chairman of the committee of one from each State to nominate officers for the present year, reported the following as the unanimous nomination of the committee:—

President—Geo. B. Wood, M.D., of Pennsylvania.

Vice-Presidents—Wm. M. Boling, of Alabama; Daniel Tilden, of Ohio; D. Humphreys Storer, of Massachusetts; Grafton Tyler, of the District of Columbia.

Secretaries—Francis West, of Pennsylvania; R. C. Foster, of Tennessee.

Treasurer—Caspar Wister, of Pennsylvania.

Committee on Publications—Francis G. Smith, of Pennsylvania, Chairman; Francis West, of do.; Samuel L. Hollingsworth, of do.; H. F. Askew, of Delaware; Samuel Lewis, of Pennsylvania.

The committee also recommended, but not unanimously, *Nashville*, Tennessee, as the next place of holding the annual meeting.

On motion of Dr. Post, of New York, it was

Resloved, That the question of the confirmation of the officers, and of the place of meeting, be taken separately.

So much of the report as related to the nomination of officers, was then, on motion of Dr. Rogers, of Pennsylvania, adopted.

On motion of Dr. White, of New York, it was

Resolved, That a committee of three be appointed to inform the President and Vice-presidents elect, of the choice of the Association, and to conduct them to their respective seats.

The chair appointed Drs. J. M. Smith, of New York; Blackburn, of Kentucky; Homans, of Massachusetts; Rouse, of Illinois; and Frost, of South Carolina. The officers were then conducted to their seats by the committee.

The President, on taking his seat, expressed his thanks to the Association in a neat and appropriate address for the honor conferred upon him.

On motion of Dr. Biddle, of Pennsylvania, the thanks of the Association were tendered to the retiring President, Dr. Charles A. Pope, and to Drs. Davis, Wragg, Green, and Fenner, late Vice-Presidents of the Association, to Dr. E. S. Lemoine, the retiring Secretary, and to Dr. Isaac Wood, of New York, the retiring Treasurer, for their able and faithful discharge of their respective duties.

Dr. Post, of New York, moved that the next place of meeting be the City of Washington.

Dr. Watson, of New York, moved, as an amendment, to substitute the City of Detroit for Washington.

Dr. L. A. Smith, of New Jersey, moved, as a further amendment, the substitution of Nashville for Detroit.

After some discussion, Detroit was selected as the place for the next meeting.

Dr. Foster, one of the newly elected Secretaries, then tendered his resignation, which was, on motion, accepted; and

Dr. Brodie, of Michigan, was chosen to fill the vacancy.

Dr. C. Jones, of Ohio, was made a member by invitation.

The Association now proceeded to the regular order of business, which was the reception of the reports of committees, and the calling of the list was proceeded with.

22. Dr. Sanford B. Hunt, of Buffalo, New York, on the Hygrometrical State of the Atmosphere, in various Localities, and its Influence on health.

An abstract of this report was read by its author, and, on motion, the report was referred to the Committee of Publication.

23. Dr. Frank H. Hamilton, of Buffalo, New York, on the Frequency of Deformities in Fractures.

The author read an abstract of this report, and made some remarks on the objects aimed at in his investigations.

On motion, the report was referred to the Committee on Publication.

On motion of Dr. Hintze, it was

Resolved, That a committee of one from each State be appointed by the chair to use their influence with the railroad and steamboat companies, in their respective States, to issue commutation tickets to the delegates to the American Medical Association, and their immediate families, who may design attending the meeting of the Association in May, 1856.

The following were appointed the committee :—

Maine,	Dr. E. R. Peaslee.
New Hampshire,	" Josiah Crosby.
Vermont,	" J. Perkins.
Massachusetts,	" J. Homans.
Rhode Island,	" Joseph Mauran.
Connecticut,	" P. A. Jewett, *Chair'n.*
New York,	" James P. White.
Pennsylvania	" Francis West.
New Jersey	" Lyndon A. Smith.
Delaware,	" James W. Thompson.
Maryland,	" F. E. B. Hintzé, *Sec.*
Dis. of Columbia,	" Grafton Tyler.
Virginia,	" B. R. Wellford.
North Carolina,	" O. F. Manson.
South Carolina,	" R. F. Michel.
Georgia,	" Richard D. Arnold.
Alabama,	" William M. Boling.
Tennessee,	" J. B. Lindsley.
Kentucky,	" C. J. Blackburn.
Ohio,	" Daniel Tilden.
Illinois,	" Rudolphus Rouse.
Missouri,	" Charles A. Pope.
Iowa,	" J. E. Sanborn.
Wisconsin,	" J. R. Bartlett.
Michigan,	" Zina Pitcher.

An invitation from Professor Hart, to visit the High School, was read, and, on motion, the thanks of the Association was returned to him; and 12 M. on Thursday was fixed for the visit.

The hour of 12 M. having now arrived a recess of one hour was taken, and the Association proceeded to the reception by the Mayor at Independence Hall.

The members of the Association formed in procession and proceeded from the hall of meeting, through Washington and Independence Squares, to Independence Hall. A number of ladies were already present, and the Hall was soon crowded to its utmost extent.

Dr. Isaac Hays, of Philadelphia, in behalf of the Committee of Arrangement, introduced the members of the Association, in the following words:—

Mr. Mayor: I have the gratification of introducing to your Honor the Members of the American Medical Association—our National Medical Congress. This Association was organized, in our city, eight years ago, and has met annually since in one of the principal cities of the Union. It is composed of delegates from the Medical Societies and Colleges, Hospitals, and other Medical Institutions throughout our country. It was instituted with no selfish views, but to accomplish objects of the greatest importance to the public at large; to improve the healing art, and increase its powers for alleviating human suffering. It strives to attain these ends by securing more complete and thorough courses of instruction to students, and by raising the standard of requirements of those admitted into the ranks of the profession;—by investigating the causes of the diseases which prevail in certain localities, and by seeking the way by which these causes may be removed, or their effects counteracted;—by collecting reliable histories of the different epidemics which, from time to time, spread over our country, and by endeavouring to discover the means of arresting their progress;—by offering prizes for the most useful discoveries and improvements in medicine; and by promoting every measure tending to enlarge the boundaries of our science or increase the efficiency and augment the usefulnesss of our art.

In pursuance of these objects, the Association has assembled this year in our city, and we feel deeply grateful to you for your courtesy in inviting us to visit this place, so venerated by every American heart.

The philanthropy of our profession is not restricted to the cure of disease—it has a larger range; it embraces within its scope whatever tends to the improvement of our mental or moral condition, or even to confer 'the greatest good upon the greatest number.' Hence the profession have never been indifferent to *National objects;* on the contrary, they flatter themselves that they have not been behind any other class of the community in patriotism, but that they have been always prompt to serve their country, not only in their professional capacity, but also by their counsel in the Cabinet, and even by taking up arms for her defence in the field.

I *need not* remind your Honor that the most illustrious physician of his day, in this country, the late Dr. Rush, was a member of the Congress of '76, and affixed his name to the Declaration of Independence; or that General Joseph Warren, one of the most eminent physicians of Boston, contributed by his eloquence to rouse his townsmen to resist the oppressive acts of the mother country, and shed his life's blood on Bunker Hill in defence of liberty—or that his younger brother, Dr. John Warren, animated by the same spirit, volunteered as a private soldier; nor need I refer you to other examples of a similar character. But I *may* assure you that the spirit which animated our ancestors, if it appear dormant, is not extinct in our bosoms, and that while standing on this spot—sacred to Human Liberty—we experience emotions similar to those which the inspired Lawgiver must have felt when he heard the voice calling to him out of the midst of the burning bush: "Put off thy shoes from off thy feet, for the place whereon thou standest is holy ground."

REPLY OF MAYOR CONRAD.

Mr. Chairman of the Committee of Arrangements: I thank you, in the name of the community I have the honor to represent, for your eloquent introduction of our friends to the authorities of the city, and to this the Hall of Independence.

Gentlemen of the American Medical Association: I am proud of the privilege of extending to you, in the name of the government and of the people of Philadelphia, a most cordial welcome.

I bid you welcome to our city—a city which, deriving a cherished distinction from the profession which you adorn, is eager, now and ever, to requite it, in her tribute of respect for its professors. I welcome you to our people, whose intercourse, for many a year, with you or your brethren, has inspired a feeling which, reserved as we are sometimes said to be, will, I doubt not, burst into earnest and unambiguous expression, before you leave us.

I welcome you, gentlemen, to this Hall, but not as strangers or the sons of strangers—for it is your own. As the temple and territory of Delphos, in the wildest domestic perturbations of Greece, afforded one sacred area over which the cloud of discord never gathered, one altar whose worship was never invaded, this spot, consecrated to our common American glory, knows no lines of latitude, and belongs, in truth, no more to us, whose peculiar privilege it is to inherit its guardianship, than to our brothers—*to you.* In coming hither, therefore, you *come home.* These precincts have been hallowed, for all time, by the heroic virtues of your and our fathers. This is the fountain from which the living waters of American liberty were first drawn, and it is therefore most sacred—(woe to the generation in which it ceases to be sacred !)—but, like the well of the Patriarch, all the tribes of Liberty's Israel own here an equal right, and owe here an equal homage.

In no sense, then, can I greet you as stranges—for yours are names familiar to every American proud of the science of his country ; and those who are united, by this association, in a cause so lofty as that eloquently characterized by your Chairman, may not only claim the universal and acknowledged privileges of the Republic of minds, but the rights of a nearer and a dearer charter, the Brotherhood of beneficence—the kindred claims of noble hearts, knit in the highest and holiest of human aspirations. In this spirit, with the most fervent and fraternal sentiments of respect and regard, I greet and welcome you.

You are right, Mr. Chairman, in claiming, amid the associations which hallow these precincts, a peculiar privilege for your profession—a profession which not only sprinkled, with the earliest sacrificial blood of the Revolution, the highest altar upon which Valour vowed and dedicated our country to freedom—I refer, as you have referred, to Dr. Warren and Bunker Hill—but which, in every struggle for the enlargement and enlightenment of human destinies, has been eminently distinguished for courage, zeal, and fidelity to the rights of man. You have, therefore, a peculiar right to claim kindred here, and have that claim allowed; and within these walls, which witnessed the zeal of Rush, it would be a treason to virtue to forget, that one of the lights of your profession shed glory upon the solemn debates of this hall, and was foremost amongst those that bade yonder bell* (preserved and devoted to the veneration of posterity), with its iron tongue, to PROCLAIM LIBERTY THROUGHOUT ALL THE LAND, TO ALL THE INHABITANTS THEREOF.

It is the glorious peculiarity of your profession that, while Ambition, in its ordinary and most applauded paths, plays the part of the *Destroyer*, and wins glory at the expense of human life and happiness, you and yours, with a more exalted civilization, a nobler heroism, have ever *sought to save.* Next to the highest of all human courage—if, indeed, it be merely *human*—that of the martyrs of religious Truth—the courage of the physician, whether on the battle-field or in the lazar-house, the courage of science and humanity, is most sublime, and best entitled to the *clarum et venerabile nomen.* The vulgar courage of the warrior, under the base stimulus of passion, or the low greed of applause, can hardly be compared to the noble intrepidity of the surgeon, who gleans, in the ruthless and red-handed reaper's path, the leavings of the battle; and still less with the hero of the hospital, who encounters the grim antagonist in the horrid silence and gloom of the pestilence. Imagination can hardly embody an instance of human courage and virtue more sublime and unearthly than that of the physician, who, in the midnight of a plague-stricken city, thrids the fetid solitudes of its alleys, and, entering the devoted hovel of the wretched, ministers—while only Pestilence and Misery, Death and God look on—to the perishing. I need not step from this spot to grasp the hand of many a hero who claims no laurel—many a noble philanthropist whose sacred labors, in scenes like these, have been unmarked, save by the Eye that never slumbers, and remembered only by Him who alone can reward.

To such a profession, one venerable from its antiquity, noble from the grandeur of its objects, illustrious from its achievements, and which demands every aid and energy of genius and science, of head and heart, that dignifies the race, it is not strange that, go where it may, a ready homage greets and a ready blessing attends it. In our own city, all that is noble in patriotism, all that is exalted in science, all that is bright and beautiful in the arts which refine society, all that is lovely and cherished and holy in private life, combine to render the profession sacred and dear to us.

There are few living to whom some one death in the past is not the sole event and solitary memory of the survivor's life—to him a lonely pyramid in the melancholy desert; and to such a mind and memory, *the debt of the death-bed*, where science, rendered holy by its office, ministered, though never paid, is never repudiated. I never knew a good man, still less a good woman, who had not such a debt—a debt which bankrupt gratitude cherished with its holiest affections and sanctified with its devoutest memories.

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* *The Liberty Bell.*—This is the bell which was rejoicingly rung, from the steeple of the old State House, when the Declaration of Independence was originally read, in July, 1776, to the thousands assembled in the State House yard, now Independence Square. Upon this bell—cast long before the Revolution, and brought from England in the colony times—are the prophetic words of Scripture quoted—"Proclaim liberty throughout all the land, to all the inhabitants thereof."

In these times, when the omnipotence of associated effort is invoked for so much that is of dubious merit, it is a gratifying spectacle to behold the enlightened professors of the most exalted of all arts—men sage and grave, unselfish and unaspiring—forsaking the homes to which they are bound by the affections and the afflictions of thousands, by wealth, and fame, and influence, to wander, wearily, away upon a pilgrimage of hundreds of leagues, in the cause and interests of the human family, its security, health, and happiness. For more than ten years, the representatives of your profession have thus gathered in Convention. What other body of our citizens have made a like effort—a like sacrifice? Selected from the most eminent of the profession, the delegates have been men whose years, like their virtues, were many. How difficult must have been, to them, the effort to burst through the bonds of a relying and clinging practice! How great the labour and how heavy the sacrifice! They have already visited, in this duty, the cities of every section of our wide country. How many have fallen by the wayside? How many martyrs could you not thus number in this cause? How many of the good and great of the profession have, in these benevolent pilgrimages, joined the ranks of the thousands who have sacrificed themselves, at the requisitions of duty, as recognized and enforced by your self-imposed laws—joining the dead in the effort to aid the living? The epitaph of the Spartans at Thermopylæ might well commemorate the virtues and the fate of these martyrs. But if the cost has been great, the results have been commensurate.

Of the professional advantages attained, though I know them to be invaluable, I will not presume to speak; but I may be permitted to state, as health is the most important subject of municipal provision and care, that the Transactions of the Association, which I have examined with great interest, comprise much that merits the attention, and will reward the respectful consideration, of the municipal governments of the Union.

It is natural that Philadelphia should feel, as she does feel, a profound interest in the cause of medical education in this country. She cannot, of course, forget that it was here that the first medical college was established in this country; that its merits and success extorted a reluctant transatlantic tribute of admiration; and that, progressing rapidly, but wisely, it achieved and maintained an equality with the most celebrated institutions of the Old World. As the cause of medical education has expanded, and institutions worthy of the cause and the country have sprung up, each triumph, thus attained, has been regarded here as the successful outbursting of an offshoot from the primary effort; and Philadelphia, while rejoicing in the expansion and elevation of medical education throughout the land, has almost fancied—so earnest is her interest in medical education—that she had a right to indulge a *parental* pride in all that advances that interest.

These genial feelings have been maintained, in all their early and fervid freshness, by constant intercourse with all sections of our country. The ingenuous and gallant youths that have come hither for medical instruction have, in their unstudied intercourse, exhibited the character of their respective States in a light so generous and exalted as to win our affections, not only for themselves, but for the communities and States which could exult in them as their own. Winter after winter, we have had many hundreds of these noble young spirits among us. And let me remark that, rigorous as I am said to be in the administration of the law, I have yet to know the first occasion to rebuke, much less to punish, a medical student. We have found them as gentle and decorous in their deportment, as they are exalted in their aspirations; and had Philadelphia—eminently catholic in her affection for her sister communities—needed a lesson of love and loyalty, these high-hearted missionaries would have taught it. This interchange of sympathies has endured for the third of a century—may it last forever! The youths—youths no longer—who formerly bore those sentiments to the remote sections of our republic, stand before me now as the revered sages and ornaments of their profession, meeting here the evidences of a reputation which had preceded them, and has long been cherished by us. And who can tell what have been the results of this kindly interchange of kindly feelings? It has doubtless been felt in every commercial, social, and political relation of life, correcting the prejudices, harmonizing the discords, and subduing the dangers of our common country.

We realize these facts. We recognize, in the members of an enlightened profession like yours, so many patriots and philanthropists, engaged in the great and general interests of the human race; and, apart from the mere scientific acquisitions of your annual meetings, we perceive in them results auspicious to all that we cherish, all that is kindly, forbearing, and conservative, between man and man, party and party, State and State, section and section; and, so regarding them, we hail and greet you with a welcome as sincere and cordial as the heart can conceive, or the tongue can utter.

Wednesday, May 2—1 P. M.

The Association reassembled at this hour, the President, Dr. Wood, in the chair.

On motion of Dr. Davis, of Illinois, it was

Resolved, That the thanks of the Association be gratefully returned to the Mayor of the City of Philadelphia for the very cordial reception extended to it in Independence Hall, and also that a copy of his very eloquent address, and that of the chairman of the Committee of Arrangements be requested, for publication in the *Transactions* of the Association.

On motion of Dr. Askew, of Delaware, the rules of order were suspended for the purpose of allowing Dr. J. W. Thompson, of Delaware, to offer the following preamble and resolutions:—

Whereas, That as few subjects of greater interest and importance could be presented to the consideration of the American Medical Association, now representing most of the States and Territories of the Union, than the attainment of a correct Medical Topography of each, with a history of its prevailing fevers and most successful treatment of the same, therefore be it

Resolved, That with this view and conviction, this Association appoint a Special Committee for each State and Territory represented, of —— members, whose duty it shall be to report upon its medical topography, epidemic fevers, and the most successful treatment thereof, and that the same shall continue to hold their office for three years.

Resolved, That as other States and Territories not now represented, become so by delegates duly appointed to this National Association; that similar committees shall be appointed for like purpose, and that they also shall hold their office for three years.

Resolved, That in the appointment of gentlemen of education and experience in the affairs of their own State, we have the best guarantee that the important objects we seek will be more satisfactorily accomplished, and the profession as well as the public interest will thereby be better served.

Resolved, That the committees heretofore appointed by this Association, at its session in Charleston, for a similar object, be, and the same are hereby discharged.

On motion of Dr. Askew, of Delaware, the foregoing preamble and resolutions were ordered to lie on the table and made the special order for to-morrow (Thursday) at 10 o'clock.

Invitations from the Board of Health to visit the Lazaretto Station, at Tinicum, and City Hospital on Coates Street, and from F. Langenheim to visit his Stereoscopic Diorama, which, on motion of Dr. Blackburn, of Kentucky, were accepted.

Dr. Earle, of New York, presented the report of the Committee on Publication, which was accepted, and, on motion, the following preamble and resolution accompanying it were adopted:—

In view of the delay in publication, which is liable to be occasioned by the reference to the Committee on Publication, of reports and other papers of which abstracts alone are presented to the Association, the Committee would recommend for adoption the following resolution:—

Resolved, That hereafter, beginning with the session for 1856, no report or other paper shall be entitled to publication in the volume for the year in which it shall be presented to the Association, unless it be placed in the hands of the Committee of Publication on or before the first of June.

Dr. Biddle, of Pennsylvania, offered the following resolution, which was adopted:—

Resolved, That the thanks of the Association are eminently due to the Committee of Publication for the faithful and highly satisfactory manner in which their arduous and responsible duties have been discharged.

Dr. Wood, of New York, presented his report as Treasurer of the Association, and also his account properly audited, which, on motion of Dr. Condie, of Pennsylvania, was accepted and referred to the Committee of Publication.

On motion of Dr. Watson, of New York, it was

Resolved, That one thousand dollars be appropriated to defray the expenses incurred by the committee in preparing the stone for the Washington monument, and that the balance necessary to make up the said sum beyond the money already collected by the committee, be drawn from the funds in the treasury prior to the opening of the present session.

Resolved, That Dr. Atlee, Chairman of the Committee, be authorized to draw upon the treasurer for the sum necessary to make up the balance.

The regular order of business, the reception of reports of Standing Committees, was then resumed.

24. Dr. M. M. Pallen, of St. Louis, Missouri, on Puerperal Convulsions.

25. Dr. G. S. Walker, of St. Louis, Missouri, on Diseases of the Prostate Gland.

26. Dr. H. A. Johnson, of Chicago, Illinois, on the Excretions, as an Index to the Organic Changes going on in the System.

On motion of Dr. Davis, of Illinois, this committee was continued.

27. Dr. Leroy H. Anderson, of Sumpterville, Alabama, on Typhoid Fever and its Complications, as it prevails in Alabama.

28. Dr. W. H. Byford, of Evansville, Indiana, on the Pathology and Treatment of Scrofula.

An abstract of this report was read by the Secretary, and, on motion, the report was referred to the Committee of Publication.

29. Dr. N. S. Davis, of Chicago, Illinois, on the Nutritive Qualities of Milk, and the Influence produced thereon by Pregnancy and Menstruation, in the Human Female, and by Pregnancy in the Cow; and also on the Question whether there is not some mode by which the nutritive constituents of milk can be preserved in their purity and sweetness, and furnished to the inhabitants of cities in such quantities as to supersede the present defective and often unwholesome modes of supply.

This report was read, and on motion referred to the Committee on Publication, and the Committee on the subject continued.

The following preamble and resolutions were offered by Dr. W. J. C. Duhamel, of Washington, D. C., and adopted.

Whereas, The cause of humanity, and a due regard to public health, imperatively demand the speedy enactment of further and more stringent quarantine laws to prevent the spread of infectious diseases through our country; and, whereas, distinguished legislators have co-operated with the medical profession in bringing this important subject to the attention of Congress, therefore

Resolved, That, warmly approving of the bill introduced at the last session of Congress (and yet pending), to prevent sickness and mortality on shipboard, we cordially tender to the honorable Senators of the Special committee, who so ably and earnestly advocated the measure, this expression of our sincere thanks for their unwearied exertions in behalf of the bill framed after the manner recommended by this Association, and yet indulge in the gratifying hope that their efforts in the cause of public welfare and of suffering humanity will be crowned with success.

Resolved, That the aforesaid preamble and resolutions be forwarded by the officers of the Association to the authorities at Washington.

Dr. Hays, of Pennsylvania, announced, on behalf of the Committee of Arrangements, that omnibuses would be in waiting at a quarter-past 4 o'clock P. M., to convey the members of the Association, and the ladies of their party, to visit Girard College, and afterwards Fairmount.

THURSDAY, *May* 3, 1855.

The Association assembled at 9 A. M., the President, Dr. Wood, of Pennsylvania, in the chair.

The minutes of the last meeting were read and approved.

The President stated that it had been usual to refer the appointment of the various standing committees to the Committee on Nominations. Whereupon, on motion of Dr. Watson, of New York, it was

Resolved, That these appointments be referred to that Committee.

Dr. Hays, of Pennsylvania, presented an invitation from Dr. Ducachet, Rector of St. Stephen's Church, to visit that church and view the "Burd Monuments" therein.

The invitation was accepted, and 12 M. to-day, appointed as the time for the visit, and the thanks of the Association directed to be tendered to Dr. Ducachet.

Dr. Hays also presented an invitation from the Principal and Managers of the Training School for Idiotic and Feeble-minded Children, to visit that Institution on Friday afternoon next. The invitation was accepted, and the thanks of the Association directed to be returned for the invitation.

The Association then proceeded to the consideration of the reports of the various committees.

30. Dr. E. B. Haskins, of Clarkesville, Tennessee, on Microscopical Investigations of Malignant Tumours.

A letter was read from the Chairman of this Committee, stating that he had not the means of carrying out the object of the Committee, and asking to be discharged, which was agreed to.

The following committees were called on, but no reports received:—

31. Dr. George R. Grant, of Memphis, Tennessee, on the Sulphate of Quinia as a Remedial Agent in the Treatment of Fevers.

32. Dr. R. R. McIllvaine, of Cincinnati, Ohio, on the Study of Pathology at the Bedside.

33 Dr. E. S. Cooper, of Peoria, Illinois, on Orthopædic Surgery.

34. Dr. Andrew F. Jeter, of Palmyra, Missouri, on the Modus Operandi of the Envenomed Secretions of Healthy Animals.

35. Dr. Samuel M. Smith, of Columbus, Ohio, on Insanity.

36. Dr. R. La Roche, of Philadelphia, Pennsylvania, on the Jaundice of Yellow Fever, in its Diagnostical and Prognostical Relations.

37 Dr. Charles Quarles Chandler, of Rocheport, Missouri, on Malignant Periodic Fevers.

38. Dr. S. B. Chase, of Portland, Maine, on Typhoid Fever in Maine.

A communication was read from Dr. Reyburn, of Mississippi, suggesting that the District, composed of Missouri, Illinois, Wisconsin, and Iowa, be divided, and also offering his resignation as Chairman of the Committee appointed to report upon the epidemics of those States, and on motion of Dr. Askew, of Delaware, it was

Resolved, That so much of said communication as refers to the division of districts be referred to the Committee of Nominations, and that the resignation of Dr. Reyburn be accepted.

39. The Committee on Plans of Organization for State and county societies, Dr. A. B. Palmer, of Michigan, was called, when the chairman stated that the Committee were not prepared to report.

40. Committee on Medical Literature, Dr. R. J. Breckenridge, of Kentucky, Chairman, was called, when a letter was read from the chairman, stating his excuses for not having his report prepared, and after considerable discussion the Committee was continued.

41. Committee on Medical Education, Dr. Wm. H. Anderson, of Alabama, Chairman, was called on, when a letter was read from the chairman, stating his reasons for not having his report ready, and asking to be continued.

After some discussion upon the general question of the propriety of continuing committees who failed to present their reports in time, on motion of Dr. J. L. Atlee, of Pennsylvania, it was

Resolved, That the further consideration of the subject be postponed in order to receive the report of the Committee on Nominations.

Dr. J. B. Biddle, Chairman of this Committe, made the following report:—

The Committee on Nominations, to which was referred the resolutions in reference to the appointment of a Committee on Medical Topography and Epidemics, report the resolutions with a recommendation that they be adopted.

They recommend the following gentlemen to compose the committee of one from each State and territory, to be appointed in accordance with the resolutions, viz:—

Maine—J. C. Weston, of Bangor.

New Hampshire—Edmund R. Peaslee, Dartmouth College.

Vermont—Joseph Perkins, of Castleton.

Rhode Island—Joseph Mauran, Providence.

Connecticut—Charles Hooker, New Haven.

Massachusetts — George C. Shattuck, Boston.

New York—Joseph M. Smith.

New Jersey—Lindon A. Smith, Newark.

Pennsylvania—Jacob M. Gemmill, Huntingdon County.

Delaware—James W. Thompson, Wilmington.

Maryland—Peregrine Wroth, Chestertown.

Georgia—John F. Posey, Savannah.

Virginia—P. F. Peebles, Petersburg.

District of Columbia—Thomas Miller, Washington.

South Carolina—D. J. Cain, Charleston.

North Carolina—O. F. Manson, ——

Kentucky—Wm. L. Sutton, Georgetown,

Tennessee—E. B. Haskins, Clarkeville.

Louisiana—E. D. Fenner, New Orleans.

Minesota—J. H. Murphy, St. Anthony's Falls.

Ohio—G. Mendenhall, Cincinnati.

Mississippi—T. J. Grafton, Rodney.

Missouri—S. B. Alleyne.

Michigan—J. H. Beech, Cold Water.

Alabama—S. W. Chanton, Warsaw.

Illinois—John Evans, Chicago.

Indiana—Vierling Kersey, Milton, Wayne Co.

Wisconsin—Alfred L. Castleton, Delafield.

Iowa—E. A. Arnold, Davenport.

U. S. Navy—Thomas Dillard, Philada.

U. S. Army—Clement A. Finley.

The committee report that, in their opinion, it is inexpedient to make any change in the Constitution in regard to the time and place of meeting of the Association.

The following special committees were appointed to report upon the subjects named:—

Dr. Lewis H. Steiner, of Washington, District of Columbia, on Strychnia—its chemical and toxicological properties.

Dr. Asbury Evans, of Covington, Kentucky, on Tracheotomy in Epilepsy.

Dr. J. Taylor Bradford, of Augusta, Kentucky, on the Treatment of Cholera.

Dr. Charles Q. Chandler, of Rocheport, Missouri, on Malignant Periodic Fevers.

Dr. H. A. Johnson, of Chicago, Illinois, on the Excretions as an Index to the Organic Changes in the System.

Dr. Henry J. Bigelow, of Boston, Massachusetts, on Microscopical Investigation of Malignant Tumours.

Dr. E. H. Davis, of New York, on the Statistics of Calculous Diseases, and the operations therefor.

Dr. J. S. Carpenter, on the Treatment and Curability of Reducible Hernia.

Dr. N. J. Fuller, of Maine, on the Best Treatment of Cholera Infantum.

Dr. Wm. B. Page, of Philadelphia, on Injuries of the Joints.

Dr. Wilson Jewell, of Philadelphia, on the Statistics of Mortality in the United States.

Dr. J. Knight, of New Haven, Connecticut, on Endemic Tetanus.

Dr. P. H. Cabell, of Alabama, on the Native Substitutes for Cinchona, indigenous to the Southern States.

Dr. James M. Newman, of Buffalo, New York, on the Sanitary Police of Cities.

Dr. S. W. Noble, of Le Roy, Illinois, on Puerperal Fever and its Communicability.

Dr. J. M. Freer, of Chicago, Illinois, on the Progress of General and Descriptive Anatomy.

Dr. J. W. Corson, of New York, on the Causes of the Impulse of the Heart, and the agencies which influence it in Health and Disease.

Dr. D. Meredith Reese, of New York, on the Causes of Infant Mortality in large cities, the source of its increase, and the means for its diminution.

Dr. Mark Stephenson, of New York, on the Treatment best adapted to each variety of cataract, with the method of operation, place of election, time, age, &c.

Dr. Thomas Miller, of Washington, District of Columbia, on Toxicology.

Dr. E. R. Peaslee, of Hanover, New Hampshire, on Inflammation, its Pathology, and its relation to reparative process.

Dr. D. D. Thomson, of Louisville, Kentucky, on the Remedial Effects of Chloroform.

Dr. Wm. Clendennin, of Cincinnati, on Epidemic Erysipelas.

Dr. C. D. Comegys, of Cincinnati, Ohio, on the State of the Urine in Tubercular Disease.

Dr. J. B. Coleman, of New Jersey, on the Effect of Mercury on the Living Animal Tissues.

Dr. T. G. Richardson, of Louisville, Kentucky, on the Diversity of the Venereal Poison.

Dr. J. B. Flint, of Louisville, Kentucky, on the best mode of rendering the Medical patronage of the national government tributary to the honour and improvement of the profession.

Dr. J. C. Hutchinson, of Brooklyn, New York, on the Anatomy and Histology of the Cervix Uteri.

Dr. M. M. Latta, of Goshen, Indiana, on whether there are any means by which the Growth of the Fœtus in Utero may be controlled without injury to the Mother.

Committee to procure Memoriols of the Eminent and worthy Dead—Dr. P. A. Jewett, of Connecticut; Dr. Thomas F. Betton, of Pennsylvania; Dr. C. J. Blackburn, of Kentucky; Dr. Wm. M. Boling, of Alabama, Zina Pitcher, of Michigan.

Committee on Plans of Organization of State and County Societies—Dr. A. B. Palmer, of Michigan; Dr. N. B. Ives, of Connecticut; Dr. E. B. Haskins, of Tennessee; Dr. Charles Woodward, of Ohio; Dr. Josiah Crosby, of New Hampshire.

STANDING COMMITTEES.

Committee on Arrangements—Dr. Zina Pitcher, of Detroit; Dr. Moses Gunn, do.; Dr. G. B. Russell, do.; Dr. A. S. Leland, Dr. Morse Stewart, Dr. Peter Klein, Dr. J. A. Brown.

Committee on Prize Essays—Dr. A. B. Palmer, of Michigan; Dr. Samuel Denton, Dr. A. R. Terry. Dr. Adam Sager, Dr. S. H. Douglass, Dr. Corodon La Ford, Dr. E. Andrews.

Committee on Medical Literature—Dr. P. C. Gaillard, of South Carolina; Dr. N. P. Monroe, of Maine; Dr. James Couper, of Delaware; Dr. R. Hills, of Ohio; Dr. A. Coffin, of South Carolina.

Committee on Medical Education—Dr. J. Berrien Lindsley, of Tennessee; Dr. J. B. Flint, of Kentucky; Dr. P. H. Cabell, of Alabama; Dr. George Hayward, of Massachusetts; Dr. E. B. Smith, of Missouri.

On motion, the report of the Committee was adopted.

The subject of the report of the Committee on Medical Education was taken up, and after considerable discussion Dr. Lindsley, the chairman of the newly appointed committee on the subject, asked leave to resign, and that Dr. Anderson, of Alabama, chairman of the former committee, be appointed in his place.

Whereupon Dr. Lindsley's resignation was accepted, and Dr. Anderson appointed in his place.

A letter from Dr. W. Hooker, Chairman of the Committee on the Epidemics of New England and New York, was read, in which he points out the defects of the present organization of the Committee on Epidemics, and asks to be discharged from the further consideration of the subject.

On motion of Dr. Hays, the letter was referred to the Committee on Nominations.

Dr. F. H. Hamilton, of New York, asked and obtained leave to make some remarks on fracture of the clavicle, supplementary to his report made yesterday.

The special order of the day, the resolutions in reference to the appointment of Committees on Medical Topography, offered by Dr. Thompson, of Delaware, was taken up.

After some remarks by Dr. Thompson, advocating their adoption, Dr. Askew, of Delaware, offered the following additional resolution, which was accepted by Dr. Thompson:—

Resolved, That all reports on the Medical Topography and prevailing diseases of States, shall, to entitle them to be received by this Association and published in the proceedings, be first approved by the Medical Societies of the State or Territory where such Societies exist, and to which State or Territory such report refers.

The preamble and resolutions presented yesterday by Dr. Thompson, were then adopted.

Dr. J. G. Orton, of Binghamton, New York, read a series of resolutions which he had prepared in reference to the same subject. They were as follows:—

Resolved, That each County Medical Society (or in parts of the country where such societies have not been established, any duly organized medical association), be invited to amend their constitutions by attaching thereto the following article: "It shall be the duty of each member of this Society to keep a faithful record of the diseases which may fall under his observation during each month, according to the classification adopted by this Convention in May, 1847, stating the age and sex, occupation, and nativity of the patients, the average duration of the disease, and, finally, their recovery or death, and to report the same in writing to the Secretary on or before the first day of February of each year, who shall transmit a digest thereof to the State Medical Society, and also to the appropriate committee appointed by the American Medical Association for its reception."

Resolved, That each incorporated Hospital, Infirmary, and Asylum, be invited to furnish a copy of their annual reports, for the use of the committee of their respective States.

Resolved, That the State Committee appointed by this Association to report upon the prevailing diseases of their respective localities, shall receive and arrange a digest of the reports transmitted to them by the Secretaries of the various county societies, and report the same at the annual meeting of this Association.

Resolved, That the first day of January be the time fixed at which the object of these resolutions shall be carried into effect, and that the several county societies and associations be requested to amend their constitutions as heretofore recommended, at as early a date as practicable, and to report to the State Committee their willingness or unwillingness to acquiesce in the request of this Association.

On motion, the above resolutions were referred to the Committee on Nominations.

On motion of Dr. J. L. Atlee, of Pennsylvania, the Chief Justice of the State, the Hon. Ellis Lewis, who was present, was invited to take a seat on the platform.

The reports of Committees were again proceeded with.

The President stated that Dr. D. J. Cain, appointed to report on the epidemics of South Carolina, Florida, Georgia, and Alabama, was confined at home by sickness.

The Committee on the Epidemics of Tennessee and Kentucky, not being ready to report, was continued.

A letter was read from Dr. Fenner, appointed to report on the epidemics of Louisiana, Mississippi, Arkansas, and Texas, stating that his report was in progress.

On motion, the committee was continued.

Dr. D. Francis Condie, to whom was referred the subject of tubercular disease, stated that he had been engaged for a period of three years in examining and arranging a report on this subject. The report will occupy at least five hundred pages, and one reason which has caused it to swell to so great an extent, is, that he found it necessary to contradict a large number of statements on the subject. He hoped that the Association would excuse him in not being quite ready with the report. He had prepared a digest of its contents, which in fact is merely an index to the whole, and would not of itself repay for the time used in reading it. He expressed a desire that the Association would excuse him.

A motion was made that Dr. Condie be permitted to adopt such course as may be most agreeable to himself in regard to the publication of his report, free from any obligation he may consider himself under to the Association. The motion was agreed to.

The Committee on the Constitutional and Local Treatment of Carcinoma, Dr. Daniel Brainard, of Chicago, Illinois, not being ready to report, was continued.

The Committee on the Applications of Nitrate of Silver to the Throat, Dr. Horace Green, of New York, chairman, stated that a longer time was required in order to collect the materials necessary for a report. On motion, the committee was continued.

The Committee on Dysentery, Dr. Henry Taylor, of Mt. Clemens, Michigan, chairman, presented, through Dr. Beech, an abstract of the report which was read, and, on motion, the report was referred to the Committee of Publication.

The Committee on Hydrophobia and the Connection of the Season of the Year with its Prevalence, Dr. T. W. Blatchford, of New York, chairman, presented a partial report which was read, and, on motion of Dr. Smith, of New York, the committee was continued.

The report of the committee was accompanied by the following circular:—

Circular.—To any Medical Gentleman of the United States or Canada.

Dear Sir: The committee appointed at the last meeting of the American Medical Association to investigate certain Statistics of Hydrophobia, bearing upon municipal regulations, have received but six communications detailing only sixteen cases of hydrophobia (some of which, however, are exceedingly interesting, and for which the committee desire to make grateful acknowledgements to the gentlemen forwarding them). Under these circumstances the committee are unwilling to do more at this time than to report progress and ask to be continued.

The object we have in view is not to enlighten the *profession* upon the subject, but to bring the knowledge already in possession of medical men to bear upon the *public mind*, and influence our civil authorities in their municipal regulations regarding hydrophobia. We believe that facts entirely militate against restricting "Dog Laws" to hot weather; and we think the advancement of science demands that this remnant of bygone superstition should be purged from the statute book.* In Prussia, Poland, France, Russia, and many other countries in Europe, much attention has been given to this subject, and it is important in accomplishing our object, that we should ascertain as far as practicable how hydrophobic statistics in our extended country will compare with those in foreign countries, and may we not hope that, through the facilities afforded by the extensive ramifications of our cherished Association, the necessary statistics for the United States and Canada may be obtained?

The committee are unwilling to think that want of interest in a subject so important is the cause of their receiving so few communications, but rather that the knowledge of what was wanted was too circumscribed, if not too indefinite, and the time necessary to obtain it entirely too limited.

In a measure to remove these objections the committee have prepared this circular, and would respectfully invite communications upon the subject from medical gentlemen in any part of the United States or Canada, who, either in their own practice, or as counsellors in that of others, may have witnessed cases of hydrophobia in *man* or *brute*—stating the day and month of *inoculation*—the period of *attack*—the *duration* of the disease—and, if the human species, the *name*, *age*, *temperament*, *sex*, and residence of the individual.

The committee would also request you to state whether in the place of your residence any "Dog Laws" have been enacted; if so, to what period of the year, if any, they are restricted; and what has been the result of their operation.

An early reply to this circular will enable the committee to arrange the facts and prepare a report for the meeting of the Association in 1856.

We remain, &c.,
THOS. W. BLATCHFORD, } *Com.*
A. D. SPOOR, }

TROY, *24th April*, 1855.

Communications to be addressed to Dr. Thos. W. Blatchford, Troy, N. Y.

Committee to inquire into the Causes which obstruct the formation and establishment of our National Medical Literature, Dr. S. D. Gross, of Kentucky, Chairman.

A letter was read from the Committee stating the reasons for the report not being ready, and, on motion, the Committee was continued.

Committee to report the best means of preventing the introduction of the Disease by Emigrants into our country, Dr. S. H. Dickson, of South Carolina, Chairman, were called upon, when a letter, written soon after the adjournment of the last meeting of the Association, declining the appointment, was read.

The hour for recess having arrived, Dr. Hays, on behalf of the Committee of Arrangements, begged to state that St. Stephen's Church, in which were the beautiful monuments by Steinhauser, to the Burd family, was open for the inspection of the members of the Association, as were also the Galleries of the Academy of Fine Arts, the Museum of the Academy of Natural Sciences, the Museums of the different Medical Colleges, and the reading-room and library of the Athenæum, and invited the members to visit them. He also reminded the members that this was the time appointed to visit the High School, and such as desired so to do could visit that useful Institution.

May 3—1 P. M.

The Association reassembled at this hour, the President, Dr. Wood, in the Chair, and the regular order of business, the calling for reports from committees, was proceeded with.

Dr. R. D. Mussey, of Ohio, the Committee to examine into, and report upon, the effects of Alcoholic Liquors upon the system in health and disease, read his report, which was, on motion, referred to the Committee of Publication.

Dr. E. S. Cooper, of Peoria, Illinois, on Orthopædic Surgery. No report.

Dr. Andrew F. Jeter, of Palmyra, Missouri, on the Modus Operandi of the Envenomed Secretions of Healthy Animals. No report.

Dr. Samuel M. Smith, of Columbus, Ohio, on Insanity.

By request of Dr. Smith, this committee was continued.

Dr. R. La Roche, of Philadelphia, Pennsylvania, on the Jaundice of Yellow Fever, in its Diagnostical and Prognostical Relations.

This committee was not ready to report, and was continued.

Dr. Charles Quarles Chandler, of Rocheport, Missouri, on Malignant Periodic Fevers. No report.

Dr. S. B. Chase, of Portland, Maine, on Typhoid Fever in Maine. No report.

On motion of Dr. Thomas, of Maryland, the resolution referring the report on Medical Literature to the Committee of Publication was reconsidered, when, on motion of Dr. Gibson, of Virginia, the further consideration of this subject was postponed until to-morrow.

On motion of Dr. Jewett, of Connecticut, it was

Resolved, That a Committee of one from each State be appointed to report upon a uniform system of marriages, births, and deaths; and the resolution was referred to the Committee of Nominations, to report the names of the committee.

The hour of adjournment having arrived, Dr. Hays, on behalf of the Committee of Arrangements, stated that omnibuses would be in waiting at 4½ P. M. to convey the members and the ladies of their party to the Philadelphia Hospital, Blockley.

The Association then adjourned.

FRIDAY, *May* 4, 1855.

The Association met this day at 9 A. M., the President, Dr. Wood, of Philadelphia, in the chair.

The minutes of the last meeting were read and approved.

Dr. Hays. on behalf of the Committee of Arrangements, reported the names of delegates who had registered since the previous meeting, making, with those previously reported 528 names, representing 26 States.

He also reported recommending Dr. Read, of Ohio, as a member by invitation, and the recommendation was adopted.

On motion of Dr. Lemoine, it was resolved that the nomination of a chairman of the Committee on the Epidemics of Missouri, be referred back to the Committee of Nominations.

Dr. Atlee offered a resolution that Dr. Breckenbridge's report on Medical Literature be referred to a special committee, to be read, and if approved by said committee, then that it be referred to the Committee on Publication. The motion was lost.

A motion was then made and adopted, that the Committee on Medical Literature be continued to report at the next meeting of the Association.

Dr. Hayward, of Boston, offered the following, which was adopted unanimously:—

Resolved, That the thanks of this Association be presented to his Honor the Mayor, and the other officers of the city government, and to the citizens and physicians of the city of Philadelphia, for their kind and continued attentions, and munificent hospitality to the members of this Association during its present session.

Dr. J. L. Atlee, of Pennsylvania, presented and read a report, on behalf of the committee appointed at the last annual meeting of the Association, and to which was referred the Essay of Dr. Phelps, of New York, on "Religion as an Element in Medicine, or the Duties and Obligations of the Profession," and also the communication of Dr. R. S. Bailey, of South Carolina, on the same subject, with instructions to consider and report on the expediency of publishing the same. The report was accompanied with the following resolution:—

Resolved, That it is inexpedient to publish, in our *Transactions*, the Essay of Dr. Phelps.

The committee state that, having expressed their sentiments on the subject, they beg to be discharged from the further consideration of Dr. Bailey's paper.

After a brief discussion, the previous question was demanded and sustained, and the report was accepted, the accompanying resolution adopted, and the request to be discharged granted.

Dr. Hays, from the Committee of Arrangements, reported the name of Dr. William H. Watson, of Bedford County, Pa., as a member by invitation. The report was adopted.

A printed paper on Cholera, by Dr. Knapp, of Cincinnati, was presented, but as it had been already published, it was not deemed expedient to occupy the time of the Association by having it read.

Dr. J. L. Atlee, of Pennsylvania, stated that the Academy of Fine Arts had offered to take charge of the Stone for the Washington Monument, and offered a resolution that a vote of thanks be tendered to the Managers of the Academy of Fine Arts, for their liberal offer to take charge of the stone for the Washington Monument, until its delivery at Washington, which was adopted.

Dr. Charles Hooker, of Connecticut, offered the following amendment to the Constitution, which, under the rules, lies over until the next annual meeting of the Association.

"Any permanent member who shall not pay for the published *Transactions* for three successive years, shall be considered as withdrawn."

Dr. N. S. Davis, of Chicago, Illinois, submitted the following preamble and resolutions:—

Whereas, The present mode of conducting the annual meetings of the Association affords but little opportunity for the discussion of strictly scientific questions and papers, and

Whereas, This has been regarded as a serious defect in the operation of our organization, impairing its scientific character, therefore,

Resolved, That the daily sessions of the Association during each annual meeting, be divided into two parts—the first to terminate at an hour not later than 12½ o'clock P. M., each day, and to be devoted as heretofore, to the general business of the Association—the second, consisting of all the time which it is deemed advisable to remain in session each day, after 12½ o'clock P. M., to take the character of a scientific session, and to be devoted exclusively to the discussion of questions relating to the science and art of medicine.

Resolved, That the Association, in its capacity of a scientific session, having no power to act on any subject except of a scientific character, may continue in session, whenever thought advisable, a longer period than in its most general capacity.

Resolved, That the foregoing preamble and resolutions be referred to the Committee of Arrangements, with instructions to report on the same at the next commencement of the next annual session.

Dr. C. G. Comegys, of Ohio, offered the following preamble and resolutions, which were on motion, referred to the Committee on Nominations:—

Whereas, The American Medical Association, though devoting itself ardently to the interest of medical science, is unable to accomplish all its aims for the promotion of the usefulness of the profession in society without the aid of legislation, therefore

Resolved, That the members of the medical profession throughout the Union be urgently requested to take immediate and concerted action for petitioning their several legislative bodies to establish offices for the collection of vital statistics.

Resolved, that for the purpose of securing an ample number of petitioners for this object, this Association suggests that every member of the profession shall endeavour to secure the name of his personal friends.

Resolved, That a copy of the above resolutions be transmitted at once to the several state societies.

Dr. A. J. Semmes, of Washington, D. C., offered the following, which was adopted:—

Resolved, That a committee of three be appointed to report to the Association at its next annual meeting what measures should be adopted to remedy the evils existing in the present methods of holding coroners' inquests, by incompetent persons, by which the lives and liberties of the innocent may be jeopardized, and the ends of justice frustrated.

The President appointed Dr. A. J. Semmes, of Washington; Grafton Tyler, D. C.; and Dr. D. F. Condie, of Pennsylvania, that committee.

Dr. F. C. Stewart, of New York city, offered the following resolutions, which were unanimously adopted:—

Resolved, That the thanks of the American Medical Association be, and they are hereby tendered, to the Committee of Arrangements for the liberal and cordial reception extended to its members during the present session.

Resolved, That a similar acknowledgment is eminently due, and also unanimously extended, to the officers, trustees, and managers of the several public and private institutions of the city and vicinity, which have been thrown open to the inspection of the members of the Association, the visitation of which has been a source of unmingled satisfaction, and the management of which manifests the faithful and zealous care of those to whose guardianship they have been entrusted.

Dr. Biddle, Chairman of the Committee of Nominations, to whom was referred the resolution of Dr. Jewett, "that a committee of one from each State be appointed by this Association to report upon a uniform system of Registration of Marriages, Births, and Deaths," made a report, recommending the adoption of the resolution, and presenting the following list of names to constitute said committee:—

Dr. M. W. Wilson, of Hartford, Conn., *Chairman.*
" G. S. Palmer, of Gardiner, Me.
" Silas Cumming, Fitz William, N. H.
" G. T. Elliott, Woodstock, Vt.
" Edward Jarvis, Dorchester, Mass.
" Joseph Mauran, Providence, R. I.
" Jno. H. Griscom, New York, N. Y.
" Henry Carpenter, Lancaster, Pa.
" O. H. Taylor, Camden, N. J.
" Lewis P. Bush, Wilmington, Del.
" A. Snowden Piggott, Baltimore, Md.
" David H. Tucker, Richmond, Va.
" N. J. Pitman, of Tarboro, N. C.

Dr. Harvey Lindsly, Washington, D. C.
" Jno. L. Dawson, Charleston, S. C.
" R. D. Arnold, Savannah, Ga.
" A. Lopez, Mobile, Ala.
" James Jones, New Orleans, La.
" R. C. Foster, Nashville, Tenn.
" C. J. Blackburn, Covington, Ky.
" Jno. Dawson, Columbus, Ohio.
" Edmund Murphy, New Harmony, Ind.
" N. D. Stebbins, Detroit, Mich.
" J. V. Z. Blaney, Chicago, Ill.
" Geo. D. Wilbur, Mineral Point, Wis.
" Wm. McPheeters, St. Louis, Mo.
" J. D. Elbert, Keosaqua, Iowa.
" Jno. H. Murphy, Falls of St. Anthony, Minnesota.

Mississippi and Arkansas were left blank.

The committee recommended the addition of the following Special Committee:—

Dr. M. M. Latta, of Goshen, Ia., on "Whether there are any Means by which the Growth of the Fœtus in Utero may be Controlled without Injury to Mother or Child."

Dr. Thomas Miller, of Washington, D. C., on Toxicology.

Dr. E. R. Peaslee, of Hanover, N. H., on Inflammation—its Pathology, and its Relation to the Reparative Process.

Dr. D. D. Thomson, of Louisville, Ky., on the Remedial Effects of Chloroform.

Dr. Wm. Clendennin, of Cincinnati, O., on Epidemic Erysipelas.

Dr. C. G. Comegys, of Cincinnati, O., on the State of the Urine in Tubercular Disease.

The report of the committee was adopted.

Dr. J. L. Atlee, of Pennsylvania, offered the following resolutions, which were adopted:—

Resolved, That to secure efficient teaching in medical schools, where the prime object is to enforce practical precepts, a large degree of union and harmony must exist among the teachers, and confidence be reposed in them by their pupils.

Resolved, That any such unnatural union as the mingling of an exclusive system, such as homœopathy, with scientific medicine in a school, setting aside all questions of its untruthfulness, cannot fail by the destruction of union and confidence and the production of confusion and disorder, unsettling and distracting the mind of the learners, to so far impair the usefulness of teaching as to render every school adopting such a policy unworthy the support of the profession.

Dr. A. B. Palmer, of the University of Michigan, in seconding the resolutions, desired permission to offer a few remarks. After briefly stating some of the peculiar features of the incorporation of the University, he went on to say that the institution is under the management of a Board of Regents elected by the people, by whom the professors in the various departments of science and art are appointed. The *Legislature* has *nothing to do* with the appointment of professors. During the session of the Legislature the past winter, the admirers of homœopathy had made special effort, and had succeeded in obtaining a *recommendatory* action on their part, in reference to the establishment of a chair of homœopathy in the University. It had been represented to them, that a large part of the people of Michigan favoured that peculiar mode of practice, and that it was but fair that its principles be inculcated in the State University.

The spirit of the recommendation is, and has been resisted both by the Regents, and by the faculty and students of the medical department of the University.

Dr. Palmer wanted an expression of opinion by the Association on this matter. Legislatures should know that Homœopathy and Scientific Medicine should not, and cannot be united in one school—they are incompatible, and neither he nor any of his colleagues could, or would continue in any school where such an absurdity was attempted.

Some of the medical journals have given an erroneous impression in regard to this action of the Legislature. The faculty are going to act energetically in this matter, and they ask the Association to co-operate with them in instituting a thorough and systematic inquiry, both in this country and in Europe, into the pretensions and practice of this delusion and imposture, that the minds of the people may be enlightened on the subject. As the friends of Homœopathy in Michigan have raised the issue, the faculty of the University wish to meet it. Circulars of inquiry will soon be sent out, and the faculty hope that they will be promptly responded to.

The doctor repeated the assurance that on no account would the faculty tolerate a Chair of Homœopathy in the University, but that, to a man, they would resign their positions rather than submit to so absurd and humiliating an appointment.

The doctor's remarks were received with evident satisfaction by the members.

Dr. Foster, of Tennessee, offered the following resolution, which, on motion, was laid on the table:—

Resolved, That the State Medical Societies be requested to hold their annual meetings just one month before the meeting of the American Medical Association.

Dr. Clendennin, of Cincinnati, Ohio, offered the following:—

Resolved, That no State or local society shall hereafter be entitled to representation in this Association that has not adopted its code of ethics.

Resolved, That no State or local society that has intentionally violated or disregarded any article or clause in the code of ethics, shall longer be entitled to representation in this body.

Dr. L. A. Smith offered a resolution to lay these resolutions on the table, which, after discussion, was lost.

Dr. Miltenberger, of Maryland, offered as an amendment the following preamble and resolutions, to be appended to the resolutions of Dr. Clendennin:—

Whereas, It has been brought to the notice of the American Medical Association that the State Medical Society of Ohio violated at their last meeting one of the articles of its code of ethics. Therefore,

Resolved, That the Secretary of this Association be directed to inform the officers of that society, that unless such action be rescinded, they cannot hereafter be represented in this Association.

Dr. J. L. Atlee, of Pennsylvania, offered as amendment to the foregoing preamble the addition thereto of the particular obnoxious action alluded to. The amendment was accepted by Dr. Miltenberger, and the resolutions of Dr. Clendennin, with the preamble and resolutions of Miltenberger, as amended by Dr. Atlee, were adopted. The resolutions as adopted are as follows:—

Resolved, That no State or local society shall be hereafter entitled to a representation in this Association, which has not adopted the code of ethics.

Resolved, That no State or local society which has violated or discarded any article or clause in the code of ethics, shall longer be entitled to a representation in this body.

Whereas, It has been brought to the notice of the American Medical Association that the State Medical Society of Ohio violated, at their last annual meeting, one of the articles of its code of ethics by adopting a resolution, 'That it is not derogatory to medical dignity or inconsistent with medical honour for medical gentleman to take out a patent right for surgical or medical instruments.' Therefore,

Resolved, That the Secretary of this Association be directed to inform the officers of the Medical Society of Ohio, that unless such action be rescinded, they cannot hereafter be represented in this Association.

Dr. A. Stille, of Pennsylvania, offered the following resolutions, which were adopted:—

Resolved, That a special committee of five be appointed to report at the next meeting of the Association upon the following question:—

Might not the present system of repeating the same lectures to the same classes during two successive terms be usefully modified by extending the lectures of each chair over two sessions, so as to embrace systematic and complete discussion of each of the following subjects?:—

1. Special, Regional, and General Anatomy, including illustrative references to Morbid Anatomy.
2. Inorganic, Organic, and Pharmaceutical Chemistry and Toxicology.
3. General and Human Physiology, Hygiene, Medical Jurisprudence.
4. Medical Botany, Materia Medica, Therapeutics.
5. General Pathology, Morbid Anatomy (systematic), Practice of Medicine.
6. General Surgical Pathology or Institutes of Surgery, Mechanical, Operative, and Medicinal Surgery.
7. Obstetrics, Diseases of Women, Diseases of Children.
8. Hospital Clinical Medicine and Surgery.

Resolved, That the committee, at an early day, address the several medical colleges in regard to the proposed plan of instruction, requesting from them an official expression of opinion upon its merits and feasibility.

On motion of Dr. Pitcher, it was

Resolved, That the committee under the above resolutions be appointed by the President, and that he be allowed to do this after the final adjournment of the Association.

The President has appointed the following committee under the preceding resolutions:—

Dr. Alfred Stille, of Philadelphia, chairman; Professor Samuel Jackson, of Philadelphia; Dr. John Bell, of Philadelphia; Dr. John Watson, of New York; and Dr. J. L. Cabell, of Charlottsville, Virginia.

Dr. Levi D. Scheets, of Ohio, offered the following alterations to the Constitution, which, under rule, lies over until the next meeting:—

Whereas, It has been found necessary to devise some means of elevating the standard of education, both professional and general, among medical men, by those who are best acquainted with the sad and lamentable deficiency which prevails in this respect among a large mass of the profession, and particularly in the western States. And,

Whereas, Efforts to this effect at home have been opposed on the ground that more was exacted by such as took an active part in the matter than is required by the "American Medical Association." And,

Whereas, It is believed that the National Society can exert a beneficial influence over the whole country. Therefore,

Resolved, That the Constitution of the Association be so amended as to require all delegates, before being allowed a seat in said Association, to satisfy the proper authorities that the societies which they represent, require *graduation* as the *sine quâ non* to graduation therein, and that no person can become a permanent member, a member by invitation, or can be received as a delegate from any other body unless he be a graduate of some respectable medical school.

Resolved, That the editors of the various medical journals of the United States be requested to publish the foregoing, so that an interest may be awakened upon this subject, and that societies may be prepared to comply with the above requisitions in case they meet the approval of this Association.

Dr. Corson, of New York, asked and obtained leave to read a brief abstract of a paper "On the Influence of Lead upon the Heart's Action, and the Importance of the Study of the Cardiac Impulse in Disease generally founded upon a Series of Observations."

On motion it was referred to a special committee of three with instructions, if they approve of it, to transmit it to the Committee of Publication for insertion in the *Transactions*.

Drs. Charless D. Davis, Isaac Wood, and F. Campbell Stewart, of New York, were appointed the committee.

Dr. Thomas, of Baltimore, read a paper on a simple and easy method of applying nitrate of silver to the air-passages, contrived and employed by the author's brother, Dr. John Chew Thomas, about six years since. It consists in applying a stick of caustic lightly to a fine grindstone or emory wheel made to revolve with great velocity. The caustic is thus thrown off in an impalpable powder which may be inhaled by the patient sitting before the stone.

On motion of Dr. Emerson, the paper was referred to a committee of three with instructions, if they deem it worthy of insertion in the *Transactions*, to transmit it to the Committee of Publication.

Drs. Emerson, of Philadelphia, Miltenberger, of Maryland, and R. P. Thomas, of Philadelphia, were appointed that committee.

Dr. Atlee offered the following resolution, which was adopted:—

Resolved, That the subject of the contagiousness or non-contagiousness of cholera be especially recommended to the attention of the State Committee on Epidemics, State Topography, etc.

On motion of Dr. Hintzé, of Maryland, it was *Resolved* that the thanks of the Association be presented to the several railroad and steamboat companies which have courteously issued commutation tickets to the members of the Association for the present meeting.

The proposition offered at the last annual meeting by Dr. S. D. Gross, of Kentucky, to amend that part of the Constitution which relates to the election of officers, so that the election shall take place immediately before the adjournment of each meeting, instead of immediately after its commencement, was called up, and, on motion, indefinitely postponed.

The proposition offered at the last annual meeting by Dr. F. A. Ramsay, of Tennessee, that the Constitution be so amended as to dispense with the Nominating Committee, and the duties of such committee, was, on motion, rejected.

Dr. N. B. Ives, of Connecticut, proposed the following amendment to the Constitution, to be appended to the end of the second article:—

"The Association shall, at all times, have power to punish any of its members by reprimands, suspension, or expulsion, upon a three-fourths vote of the members present at any meeting, at which not less than one hundred are in attendance."

Dr. Dorset, of Virginia, offered the following amendments to the Constitution:—

Resolved, That with a view of adding dignity and influence to our body, and conveying a more adequate idea of its national representative character, the title "National Medical Congress" be substituted for that of "American Medical Association," and that we hold our sessions at least once in three years in Washington, D. C.

Dr. A. M. Pollock offered the following resolution:—

Resolved, That no organization or institution, entitled to representation in this Association, shall be considered in good standing which has not adopted its code of ethics.

Dr. Lemoine, of Missouri, called up the amendment to the Constitution offered last year by Dr. Byford, to change the name of the "Committees on Epidemics" to "Committees on Prevailing Diseases."

On motion, the proposed amendment was rejected.

Dr. Hays stated that the Mayor of the city, at the suggestion of some citizens who were anxious that the account of the reception at Independence Hall should be preserved in a more durable form and one better fitted for distribution than in a newspaper report, had determined to publish it in a neat pamphlet, which would be ready for distribution to members of the Association to-morrow morning. Whereupon it was

Resolved, That the thanks of the Association be transmitted to the Mayor for this courtesy.

Dr. Hays stated that omnibuses would be in attendance at the Musical Fund Hall this afternoon, at 3½ o'clock, to convey to the Pennsylvania Training School for Idiotic and Feeble-Minded Children, such members of the Association, and the ladies of their party, as wished to visit that interesting and useful institution.

Also, that omnibuses would be at the principal hotels, at 4½ P. M., to convey to the Pennsylvania Institution for the Instruction of the Blind, such members, and the ladies of their party as desired to visit that institution; and that the managers had been kind enough to make special arrangements for a concert by the pupils of the school for the entertainment of the Association.

And further, that omnibuses would be at the Hall on Saturday morning, at 10 o'clock, to convey to the Navy Yard such members as desired to avail themselves of the polite invitation of the officers of that station to visit it and inspect the dry-dock, large steam frigate in progress of building, and other objects of interest there.

Dr. Hays also called attention to the different public institutions of which short accounts were to be found in the small volume furnished to members, and stated that they had all been opened to the visits of members of the Association.

There being no further business, the Association then, on motion, adjourned *sine die*.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

University of Pennsylvania.—The number of students in this school, at the last session, was incorrectly stated in our May No. The actual number of students was 426, and the number graduated at the close of the term 178.

Dr. H. H. Smith has been elected by the Trustees to the chair of Surgery, vacant by the resignation of Dr. Wm. Gibson.

Medical College of Virginia.—Dr. E. Brown-Sequard has resigned the professorship of Institutes of Medicine and Medical Jurisprudence in this school, and Dr. L. S. Joynes, of Accomac, has been appointed in his place.

Dr. A. E. Petticolas has been appointed to the professorship of Anatomy, rendered vacant by the death of Dr. Carter P. Johnson.

South Carolina Medical Association.—The annual meeting of this Association was held in Charleston, on the 5th and 6th of Feb. last. Dr. W. W. Mobley delivered the annual address on Typhoid Dysentery. Dr. Gaston read a description of a new instrument devised by himself for the treatment of uterine displacements, which was ordered to be published. Dr. R. W. Gibbes, Sen. read an essay on Pseudarthrosis, Dr.

R. W. Gibbes, Jr. read a report of an extraordinary case, and Simons made some remarks on the use of pyroligneous acid in surgical cases, exhibiting gangrenous tendencies. Dr. E. Holbeck was elected President for the ensuing year.

—

Turnbullism.—The *Charleston Medical Journal and Review* for March, 1854, contains some account of a certain Dr. Turnbull, who has been travelling about the country claiming to have performed wonders, which those who are desirous of learning something about the career of that individual may do well to peruse.

We are informed that the number of the *Medical Examiner* for the present month (June) will also contain information of a similar purport.

FOREIGN INTELLIGENCE.

Death from Chloroform at the Royal Ophthalmic Hospital.—The following unfortunate case occurred on Tuesday last (April 10, 1855): John Cannon, aged 40, a moderately stout, florid, and healthy looking man, had been attending for some weeks on account of the results of an injury to the left eye-ball. He was a native of London, and had generally led a temperate life. The globe had become disorganized, and, on account of the sympathetic irritation which it occasioned to the other, its removal was at length determined upon. The man expressed a strong wish to inhale chloroform before the operation, and as he had no indications of disease of any kind, no objection was made. The inhaler used was the one devised and recommended by Dr. Snow; the chloroform was from Messrs. Battley's, had been in stock not more than a fortnight, and had been used successfully for many other patients. The administration was intrusted to Dr. Playne, of King's College Hospital. In the commencement of the inhalation the valve of the mouth-piece was so turned as to admit an abundant supply of air, a point to which Mr. Bowman directed personal attention. During the first four minutes (more or less) nothing unusual occurred. Dr. Playne, who had his finger on the pulse, had noticed that it had rather increased in fulness, and was of good volume. Rather suddenly, however, just as the anæsthetic appeared to be producing its effects, symptoms of excitement occurred. The eyes became fixed and staring, the arms outstretched and rigid, and the face contorted. It was now impracticable to feel the pulse, on account of the tossing about of the arms, but, as is usual in such conditions, the respiration was noticed to be all but, if not quite, suspended, by the spasmodic fixture of the chest. The inhaler was at once removed, and the face and chest of the patient dashed with cold water. Almost immediately after, as the respirations had become extremely feeble and sighing, Mr. Bowman commenced practising artificial breathing, by the application of his own mouth to that of the patient. By this means the chest was made to fill very completely, and the process was kept up almost without intermission for from five to eight minutes. During the first three or four minutes after the alarm began, the patient continued at times to make slight sighing efforts at voluntary inspiration, and the case was not thought, by those looking on, to be by any means hopeless. At length, however, these finally ceased, and from that time it was apparent that the man was dead. The attempts at resuscitation were persevered with for considerable time, and were not relinquished until evidently without hope of benefit. At the first opportunity which occurred for examining it after the spasmodic struggling had commenced, the pulse was found to be extinct, and it remained so ever after, although there were, as stated, feeble efforts at inspiration. The patient's countenance changed somewhat during the treatment, but was mostly suffused and congested.

As to the quantity of chloroform used it is not practicable to give any estimate, as the inhaler had just before been employed for another patient. The point is, however, of no consequence, since precautions had been taken to begin the administration with a well-diluted vapour.

The *post-mortem* examination was conducted by Dr. C. Bœder, forty-eight hours after the death had occurred. The following are its brief particulars:—

The sinuses, and the veins of the brain generally, were much congested, and there was some œdema of the brain-substance. The heart, excepting some slight deposits on the curtains of the mitral valve was healthy. Its muscular substance was easily lacerable. The right ventricle contained a considerable quantity of fluid blood, the left was nearly empty. There were some pleuritic adhesions, and the lungs generally were congested, being also in some parts full of air. The blood in every organ examined was fluid, and without trace of coagulation. Nothing was observed throwing light on the cause of death.—*Med. Times.*

—

Cod-liver Oil and Quinia—The combination of tonic with cod-liver oil has long been a desideratum to practitioners. Mr. Bastic has succeeded in producing a preparation combining the above two valuable medicines. It appears to answer all the purposes intended, and is prepared in the following manner: The requisite quantity of disulphate of quinia is dissolved in distilled water with the aid of a little dilute sulphuric acid. The quinia is then precipitated by means of an alkaline carbonate; the precipitate treated with boiling alcohol; the alcoholic solution, after being filtered, is evaporated to dryness. The residue, which is pure quinia, is then added to the cod-liver oil, and the mixture is heated in a water-bath until solution is completely effected, which may be known by the oil becoming perfectly transparent. The quantity of quinia employed may be varied according to the wish of the prescriber, but it is generally used in the proportion of two grains to the ounce.—*Lancet*, April 7, 1855.

—

Substitute for Cod-liver Oil.—At the last meeting of the Liverpool Chemists' Association, Mr. Mercer produced a sample of oil imported into that town under the name of Shark-liver Oil. It possesses a peculiar interest in consequence of its low specific gravity. Until now, sperm oil, which has a specific gravity of .875, was the lightest oil known; but the specific gravity of shark oil was only .866. It came from Marseilles, and was stated to be procured from sharks caught on the coast of Africa.—*Ib.*

—

Injection of Chloroform in Hydrocele.—Prof. Langenbeck, of Berlin, prefers chloroform to the tincture of iodine as an injection in hydrocele. He injects from one to three drachms into the sac.

—

New Treatment of Coryza.—In the *Journal de Médecine et de Chirurgie Pratiques* for November, 1854, M. Yvonneau says that he has obtained great success in coryza by plugging up the external nares by introducing a plug of lint rolled in collodion. The organ, he says, is protected from the contact of cold air, and at the same time, the disordered surface is bathed in warm air and the moisture exhaled in respiration. The remedy has, in his hands, never failed to produce a cure in twenty-four hours.

—

Adulteration of Food and Medicines.—Dr. Aldridge, in his address at the opening of the session of the Dublin Chemical Society, made the following remarks:—

"The subject of the adulteration of articles of food and medicine has latterly attracted much attention. That the practice of adulteration is extensively pursued cannot be doubted; but how is that practice to be prevented? Not by stringent laws and heavy penalties; not by a vexatious and intolerant police. It is notorious that these means have failed in every country in which they have been practised; and they are not only inefficient, but, like our excise laws, injurious, because they suppose that our present knowledge is perfect, and therefore they throw impediments in the way of all improvement. Flour, salt, barm, and water made into dough, fermented for a certain length of time, and baked in an oven, constitute the popular idea of pure bread; but the scientific baker seeks to make it whiter and lighter, and to diminish its tendency to acescency. He may do this by additions not only innocuous, but calculated to improve the conditions of the digestive organs. Is it not right that he should be allowed this liberty? But tie him down by a legal definition, and you put him, if he attempts to improve, into the same position as the dishonest adulterator with mashed potatoes or plaster of Paris. Again, it is well known that drugs are little, if at all, adulterated by the retail druggist. It is not in Asia Minor that impurities are added to scammony and opium; it is in the great commercial entrepots, that jalap and guaiacum, rhubarb and turmeric are mixed together. The retail druggist buys these adulterated articles because he gets them cheap, and his customers demand cheap drugs. If the workhouse physician is disappointed in his treatment, and the pauper dies for want of the proper medicine, the fault is principally due to the blind and stupid economy of the guardians, who will accept none but the lowest tenders. But the true remedy to put a stop to this practice of adulterations is the extension of chemical, and I may add microscopical, knowledge. Let not only medical men, but the classes from among whom guardians for the poor are usually selected, and not only they, but all educated persons, become acquainted with a little chemistry, and all adulterations, at least of a gross description, will soon cease; for nobody will think of committing fraud if he is almost certain of being detected. Indeed, chemistry ought to be a branch of general education; not merely theoretical, but practical chemistry."

—

Addition of Tannate of Lead to Adhesive Plaster. M. Herpin states that his own experience teaches him that Baynton's treatment, by strapping, may be extended to every breach of surface, whether resulting from wound or ulcer; and the only inconvenience he has found attending it is, the production of eczematous eruptions, or vesications in irritable skins. After having tried various means of obviating this, he remembered the great advantage that accrued from the treatment of bed-sores, by means of plasters powdered with the *tannate of lead.* He caused some of this substance to be combined with adhesive plaster, which henceforth produced no irritation. As the addition of the tannate diminishes the adhesiveness, the proportion may vary accordingly, as this quality is desired or not. It is retained when 1-20th of the tannate is added, and when not much required the proportion may be raised to 1-12th. *Med. Times and Gaz.*, April 7.

—

British and Foreign Medico-Chirurgical Review.—Prof. Parkes, who has for some time edited this Review with so much ability, vacates his editorial chair in consequence of his appointment as Superintendent of the English New Civil Hospital in the East, and will be succeeded by Dr. Sieveking.

—

Edinburgh Medical and Surgical Journal, and the Monthly Journal of Medical Science.—It having been found that these two Journals cannot be supported in Edinburgh, they are to be amalgamated. Prof. Bennett retires from his editorial labours.

—

On Sudden Death.—Several physicians of eminence on the continent have, of late, paid special attention to the causes of sudden death. We would specially single out M. Aran, who, in his thesis, written for the Assistant-Professorship at the Paris Faculty, has given a masterly sketch of the state of our knowledge on the subject. More recently, a German physician, Dr. Kopp, has published new investigations respecting sudden death from internal causes, based upon his own labours, and those of his friend, the late Dr. Herrich. (It is rather remarkable that Herrich himself died suddenly from a heart affection) Thirty cases, which came under the direct cognizance of the authors, are given, with very minute details, out of which we gather that *two-thirds* of the patients mentioned were *men.* Out of seventy-nine sudden deaths alluded to, fifty-five happened *by day.* The *post-mortem* examinations are described with much care, and the memoir concludes with the following summing up:—

I.—Sudden deaths by suppression of the heart's action. 1. By compression from without inwards, in consequence, *a*, of effusion of blood into the pericardium, as a consequence of a rupture of the walls of the heart or of the aorta, four cases; *b*, serous effusion into the pericardium, six cases; *c*, fibrinous effusion, two cases; *d*, effusion of serum into the pleura, four cases; *e*, effusion of purulent matter into the same sac, two cases. 2, By accumulation of blood in the heart, five cases. 3. The blood insufficiently exciting the heart to contract, owing to deficiency in quantity or quality of that fluid, ten cases. 4. Mechanical disturbance of the circulation, in consequence of the evolution of gas, five cases. 5. Lessening of thoracic capacity, from spinal curvature, two cases. 6. The same lessening from pulmonary induration, three cases. 7. Pathological changes in the parietes of the heart, or the aorta, &c., forty-five cases.

II.—Interruption in the power of conveyance of nervous power from the brain or medulla oblongata to the heart. 1. Swelling of the thymus gland, nine cases. 2. Swelling of the thyroid gland. 3. Tubercles on the larynx, six cases. 4. Suppuration in the cellular tissues of the neck, two cases.

III.—Rapid suppression of the functions of the medulla oblongata. 1. By direct external pressure, two cases. 2. By immediate external pressure, seven cases. By the influence of other cerebral affections, two cases.—*Lancet*, Dec. 9, 1854.

THE MEDICAL NEWS AND LIBRARY.

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MEDICAL PROGRESS.

Medical Society of the State of Pennsylvania.—This Society held its annual meeting at Hollidaysburg, on Wednesday and Thursday, May 30 and 31.

The meeting was called to order at 10 o'clock, May 30, by the President, Dr. Gemmill.

Drs. G. Emerson, J. A. Landis, and J. McCulloch, were appointed a committee to examine and report on the credentials of members.

This committee reported the names of those entitled to seats.

On motion of Dr. A. S. Kennedy, Dr. R. P. Thomas, of Philadelphia, was appointed Treasurer, *pro tempore* in the absence of the Treasurer, Dr. West.

The Committee on Credentials reported that since the last session two new societies had been organized, viz: one for Franklin, and one for Washington County; the constitutions and by-laws of both of which had been approved by the censors of their respective districts.

On motion of Dr. H. Carpenter, the reading of the minutes of the last session of the Society was dispensed with.

The session was formally opened by the President, Dr. Gemmill, with a brief but pertinent address on the importance of the complete and systematic organization of the medical profession throughout the State, and the leading objects to be gained by such organization.

On motion of Dr. F. G. Smith, the thanks of the Society were tendered to Dr. Gemmill for his able and eloquent address, and that he be requested to furnish a copy for insertion in printed *Transactions.*

On motion of Dr. Morton, it was

Resolved, That the sessions of the Society be from nine to 12 o'clock A. M., and from two to five P. M.

On motion of Dr. Ross, it was

Resolved, That the reporters of the public press have every facility afforded them for taking minutes of the proceedings.

On motion of Dr. Thomas, it was

Resolved, That a Committee of Nomination, to consist of one from each County represented, selected by its delegates in attendance, be appointed; and that said committee be instructed to designate the place of meeting of this Society in 1856.

The report of the *Chester County Medical Society* was presented and read, and, on

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motion, referred to the Committee of Publication. It being understood that the committee by whom the report was drawn up have the privilege of making such corrections therein as they may deem proper.

AFTERNOON SESSION, *May* 30, 1855.

The minutes of the morning session were read and approved.

The Committee of Publication presented their report, as follows:—

The Committee of Publication beg leave to report that they have had printed *seven hundred and fifty* copies of the *Transactions* of the session of 1854, at an expense of $\$316\frac{45}{100}$.

Copies were transmitted to the several county societies, in proportion, as far as it could be effected, to their respective ratio of representation.

The Treasurer, Dr. F. West, presented his report, showing a balance in the Treasury of $32.

On motion of Dr. Condie, it was

Resolved, That the account of the Treasurer, with the vouchers accompanying the same, be referred to an auditing committee, and Drs. S. Lewis, S. A. Ogier, and J. H. Seltzer, were appointed the committee.

The following gentlemen were announced as constituting the Nominating Committee, agreeably to the resolution adopted at the morning session:—

Berks—Dr. J. H. Seltzer.
Blair—Dr. J. A. Landis.
Cambria—Dr. W. A. Smith.
Chester—Dr. S. A. Ogier.
Delaware—Dr. C. J. Morton.
Huntingdon—Dr. H. Orlady.
Lancaster—Dr. J. H. Ehler.
Mifflin—Dr. Bowers.
Montgomery—Dr. F. B. Poley.
Philadelphia—Dr. S. L. Hollingsworth.
Schuylkill—Dr. J. S. Carpenter.
Washington—Dr. J. Wishart.

The report of the *Huntingdon County Medical Society* was presented and read, and, on motion, referred to the Committee of Publication.

The report of the *Schuylkill County Medical Society* was presented and read, and, on motion, referred to the Committee of Publication.

On motion of Dr. Yardley, it was

Resolved, That a committee be appointed to examine the minutes of last session, and report any unfinished business that may appear thereon requiring action at the present session.

Drs. Yardley, Shrack, and Christie were appointed the committee.

A communication was received from the Reading-Room Association, of Hollidaysburg, granting the use of their reading-room to the Delegates to the Pennsylvania State Society during their sojourn in the borough.

On motion of Dr. Condie, the privilege thus granted was very gratefully received, and the thanks of the Society were directed to be presented to the association for their very polite and liberal action in the premises.

The report of the *Medical Society of the City of Reading and County of Berks* was presented and read, and, on motion, referred to the Committee of Publication.

On motion of Dr. Carpenter, of Lancaster, the resolutions in reference to delinquent members appended to said report, were laid upon the table.

The Committee on Unfinished Business in the minutes of last session, presented the following report:—

The Committee on Unfinished Business report that they have examined the minutes of last year's proceedings, and find the following committees were continued to report at this session, namely,

1st. Committee on Adulteration of Drugs. (See printed *Transactions*, vol. iv. p. 10.)

2d. Committee on Vaccination and the Preservation of Vaccine Virus. (See printed *Transactions*, vol. iv. p. 10.)

They further find that reports are due from the following committees appointed at the last session, namely,

1st. Committee on Blanks for Reports from County Societies. (See printed *Transactions*, vol. iv. p. 13.)

2d. Committee on Resolutions submitted by the Chester County Medical Society, through Dr. Parrish. (See printed *Transactions*, vol. iv. p. 17.)

Signed, THOS. H. YARDLEY,
JOHN SHRACK,
R. W. CHRISTIE.

On motion of Dr. Condie, it was

Resolved, That the several items of business referred to in said report, be now taken up *seriatim*.

It was stated, on behalf of the Chairman of the Committee on Adulteration of Drugs, that he had prepared a report on the subject which would, no doubt, be presented in the course of the present session.

On motion, the committee was continued.

Dr. Carpenter, of Lancaster, stated that he had been requested by Dr. Parry, the chairman of the Committee on Vaccination, &c., to state that, inasmuch as no new facts had reached the committee in reference to the subject committed to them, they had not thought it worth while to prepare a report from the materials they had been enabled to collect, and begged to be discharged from the further consideration of the subject.

Dr. Condie remarked, that, inasmuch as he was convinced that a digest of the facts at present known in reference to the preservative powers of vaccination, and to the preservation of vaccine virus in a state best adapted to produce effectually its influence upon the system of those in whom it is inserted, and a comparison of the experience of the medical profession in different portions of Europe on the several points involved in these important questions, as given in the reports of several medical associations abroad, would be acceptable to the great body of the profession throughout our State, and that it would be calculated also to remove some erroneous views and practices still entertained, and pursued in relation to vaccination, and, at the same time, to promote the extension of vaccination among the community at large, by rendering its protective powers more uniform and certain; he, therefore, moved that the committee be continued, with instructions to report at the next session of the Society. Which resolution was unanimously adopted.

Dr. Cassidy asked leave to withdraw from the committee, which request was not granted.

The chairman of the Committee on Blanks for Reports of County Societies presented his report, which was laid upon the table for the present.

The Chairman of the Committee on Resolutions, presented by the Chester County Medical Society, not being present, the committee was, on motion, continued with instructions to report at the next session.

The committee appointed to audit the Treasurer's accounts, reported as follows:—

The committee appointed to audit the Treasurer's account, beg leave to report that they have attended to that duty, and find the said accounts correct. A balance remains in his hands of thirty-two dollars (32). There is a balance due by the Society for printing the *Transactions* for 1854, amounting to eighty-seven dollars thirty-two cents (87 32). Assessments are still due from the societies of Erie, Lycoming, Mercer, and York, for 1853 and 1854; and from Alleghany, Bradford, Cambria, Lebanon, Perry, and Susquehanna, for 1854, amounting in all to one hundred and fifty-seven dollars (157).

Signed, SAMUEL LEWIS,
J. H. SELTZER,
SEPT. OGIER.

The following amendment to the Constitution was presented by Dr. Yardley: To insert in Sect. 2, Article III., after the word "societies," in the second line, the words "provided, however, that the officers of the society, and the chairmen of all committees who have reports to present, shall be delegates *ex officio*." So that the section shall read

"SECT. 2. The delegates shall receive their appointments from the county societies; provided, however, that the officers of the societies, and the chairmen of all committees who have reports to present, shall be delegates *ex-officio;* and to them shall be intrusted the management of the business and affairs of the Society."

The said amendment was unanimously adopted.

On motion of Dr. Kennedy, the following resolution was adopted:—

Resolved, That the Corresponding Secretary be, and he is hereby instructed to address a circular to the prominent physicians in those portions of the State in which no county medical societies exist, urging upon them the importance of organizing such societies without delay.

The report of the Committee on Forms of Reports for County Societies was presented and approved.

The resolution appended to said report was adopted, namely,

"*Resolved*, That the Committee on Forms for County Reports be, and they are hereby instructed to have printed a sufficient number of the forms as reported, and to transmit the same to the secretaries of the county societies, with the request that returns be made at the next session of the State Society in accordance therewith."

Dr. Morton offered the following preamble and resolution:

Whereas, The editors of the *Delaware County Republican*, *Blair County Whig*, *Raftsman's Journal*, and *Olive Branch*, have, with a spirit of genuine philanthropy, constantly refused to insert, in their journals, the advertisements of patent or quack nostrums, and

Whereas, They have been labouring with a faithful and unapplauded zeal, to enlighten the public mind as to their injurious tendencies, thereby enabling the community to detect and discard the ignorant and illiterate pretender, who has too generally been successful, with the aid of a well-paid press, to foist upon the ignorant and credulous his vile drugs; thus jeopardizing the health and lives of the people, both by their indiscriminate use and by contravening suitable and efficient medication: Therefore, as an evidence of our appreciation of a course so laudable and self-sacrificing, the Medical Society of the State of Pennsylvania, do

Resolve, That the members of the County Medical Societies be requested to extend to them, as well as to their families while under their charge, the gratuitous services of the medical profession; and they further

Resolve, That the County Societies be requested to append to their annual reports the names of all editors, and of their respective journals, who have constantly refused to insert the advertisements of empirical nostrums, and that the Committee of Publication be hereby authorized to furnish them annually with a copy of the *Transactions* of the Society.

On motion of Dr. Hartshorne, the said preamble and resolutions were referred to a committee of three, to report to-morrow morning.

Committee—Drs. Hartshorne, Morton, and Orlady.

The Committee of Nominations presented a report, which, on motion of Drs. Condie, and H. Carpenter, was referred back to the Committee, with instructions that it is the sense of this Society that, agreeably to the true meaning of the Constitution, no one can be placed on nomination for the offices of President, Vice-Presidents, Secretaries, Treasurer, or Delegates to the American Medical Association excepting Delegates who are in actual attendance at the sessions of the Society.

The report of the *Philadelphia County Medical Society* was presented and read, and, on motion, it was referred to the Committee of Publication.

The report of the *Lancaster County Medical Society* was presented and read, and, on motion, it was referred to the Committee of Publication.

Morning Session, *May* 31, 1855.

The minutes of yesterday afternoon's session were read and approved.

The Committee on preamble and resolutions of Dr. Morton, presented the following report:—

The Committee appointed to consider the preamble and resolutions offered by Dr. C. J. Morton, in regard to the action of certain editors of the public press, in declining the insertion of quack advertisements, report that they are prepared to recommend the adoption of the preamble, with the alteration of a few words only, and that they would respectfully suggest the substitution, instead of the resolutions in question, of a single resolution, expressive of the sentiment of the Society, so that the preamble and resolution, as thus modified, may, together, read as follows:—

Whereas, The editors of the *Delaware County Republican*, *Blair County Whig*, and those of some other papers in this State, have, with a spirit of genuine philanthropy, and at considerable sacrifice, constantly refused to insert, in their journals, the advertisements of patent or quack nostrums, and

Whereas, They have zealously laboured to enlighten the public mind on the injurious tendency of such impositions, and, by withholding from them the influence of the press, to lessen the power of pretenders to jeopardize the health and lives of the ignorant and credulous, through the indiscriminate use of their compounds and the contravention by such use of suitable and efficient medication; therefore,

Resolved, That this Society views with high approbation and satisfaction the course of the editors and publishers alluded to, as furnishing an example well worthy to be followed by all who conduct the public press, and that we recommend to those members of the profession who reside within the vicinity of such journals, to afford them their patronage, and to testify, in such mode as their own sense of propriety and courtesy may dictate, their opinion of the obligation due, from us, to those who thus sustain the cause of legitimate medicine.

Signed, CHAS. J. MORTON,
HENRY HARTSHORNE,
H. ORLADY.

On motion of Dr. Carpenter, of Schuylkill, the report was adopted.

Dr. Carpenter, of Schuylkill, offered the following resolution:—

Resolved, That the members of this Society, and the profession generally, be strongly advised to use their influence with apothecaries and druggists to induce them to discontinue the purchase and sale of patent and quack medicines. And that the profession be recommended to furnish their patronage to those only who comply in this respect.

Dr. Neill moved to amend by adding after "quack medicines" the words "and patented instruments."

The proposed amendment gave rise to considerable discussion. Dr. Hartshorne moved to lay the whole subject upon the table, which was not agreed to. Finally, on motion of Dr. Biddle, the whole subject was referred to a committee of three—Drs. Condie of Philadelphia, Carpenter of Schuylkill, and Ogier of Chester—with instructions to report at the next session of the Society.

The following report was presented:—

The special committee, to whom were referred certain resolutions from the Berks County Medical Society, on the subject of the adulteration of drugs manufactured in the United States, have the honor to submit the following report:—

That, in their opinion, the suggestions of the Berks County Medical Society are worthy the consideration and indorsement of the State Medical Society. The committee believe that the appointment of an *analytical commission*, to investigate the quality of drugs manufactured in the United States, under the sanction of the State Medical Society, might be productive of eminent benefit.

They recommend, therefore, the following resolution:—

Resolved, That an analytical commission of three members be appointed by the State Medical Society, to investigate the quality of drugs manufactured in the United States. That this commission shall report within two years to the Society, and that the necessary expenses of said investigation shall be paid by the Society.

Signed, J. B. BIDDLE,
J. CARSON.

The report was adopted, the resolution thereunto appended adopted, and Drs. Biddle, Carson, and Lewis, appointed the commission thereby created.

Dr. Thomas offered the following preamble and resolution which were unanimously adopted.

Whereas, Section 1, of Article IV. of the Constitution, provides for the election of five Censors for each of the six censorial districts, and Sects. 6 and 7 of Art. V. constitute the Censors of each district a court of final jurisdiction in cases of appeal from the decisions of county societies; and, whereas, in the present organization of this Society it is impossible to make appointments for each of the six districts, therefore,

Resolved, That the Censors elected conjointly for the first and second districts, for the third and fourth districts, and for the fifth and sixth districts, shall have full and complete jurisdiction, under the Constitution, in all cases arising, irrespectively, in the first and second, in the third and fourth, and in the fifth and sixth districts.

The report of the *Blair County Medical Society* was presented and read, and, on motion, referred to the Committee of Publication.

The report of the *Delaware County Medical Society* was presented and read, and, on motion, referred to the Committee of Publication.

Lists of the officers and members of Alleghany, Washington, and Franklin County Medical Societies were presented.

On motion of Dr. Kennedy, it was

Resolved, That the Recording Secretaries be instructed to prepare a digested index to the Reports of the County Societies for the last five years, for insertion in the forthcoming volume of *Transactions*.

On motion of Dr. Biddle, it was

Resolved, That a special committee be appointed to report a plan for effecting an extension of the organization into medical societies of the regular members of the profession throughout the State; and that said committee be requested to take forth-with, such measures as they may deem proper to effect such organization.

Committee—Drs. Gemmil, Biddle, and Wythes.

On motion of Dr. Condie, a committee, consisting of Drs. Condie and Saltzer, was appointed to draw up and present, at the next session of this Society, resolutions expressive of the feelings of its members on the loss they have sustained in the death of their late esteemed member and ex-President, Dr. John P. Heister, of Berks Co., and of their desire to commemorate his worth as a man, and his talents and skill as a physician.

On motion of Dr. Henry Carpenter, a committee, consisting of Drs. H. Carpenter, and J. M. Gemmill, was appointed to present at the next session, resolutions expressive of the feelings of this Society on the loss they have sustained in the death of their late esteemed associate, Dr. C. O. Richards, of Lancaster.

On motion of Dr. Cassiday, the same committee were instructed to present, at the next session, resolutions of similar import in reference to the death of Dr. A. S. Baer, of Lancaster.

The amended report of the Committee of Nominations being read, on motion of Dr. Condie, it was

Resolved, That the officers therein named be, and they are hereby declared to be, the officers of this Society for the ensuing year.

President.—James S. Carpenter, of Schuylkill Co.

Vice-Presidents.—J. Wishart, of Washington County; P. Cassidy, of Lancaster do.; G. Emerson, of Philadelphia do.; J. Shrack, of Montgomery do.

Recording Secretaries.—H. Carpenter, of Lancaster County; A. L. Kennedy, of Philadelphia do.

Corresponding Secretary.—T. H. Yardley, of Philadelphia.

Treasurer.—R. P. Thomas, of Philadelphia.

Censors, First and Second Districts.—J. B. Biddle, Philadelphia County; J. L. Atlee, Sen., Lancaster do.; W. Worthington, Chester do.; Hiram Corson, Montgomery, do.; Chas. Martin, Lebanon, do.; R. E. James, Northampton do.; G. F. Horton, Bradford do.; Ed. Wallace, Berks do.

Third and Fourth Districts.—Jos. A. Landis, Blair County; J. B. Luden, Huntingdon do.; Thos. Wood, Lycoming do.; Jos. Henderson, Mifflin do.; J. H. Case, Perry do.

Fifth and Sixth Districts.—Jno. Wishart, of Washington County; Addison, Pittsburg; J. P. Gazzam, Alleghany do.; J. T. Ray, Mercer do.; C. F. Perkins, Erie do.

Delegates to American Medical Association.—R. W. Christy, Blair County; J. H. Seltzer, Berks do.; F. B. Poley, Montgomery do.; C. J. Morton, Delaware do.; J. M. Gemmill, Huntingdon do.; Chas. Bower, Mifflin do.; John Wishart, Washington do.; J. S. Carpenter, Schuylkill do.; S. A. Ogier, Chester do.; A. Sheller, Lancaster do.; H. Orlady, Huntingdon do.

Additional Members Committee of Publication.—F. G. Smith, S. Lewis, T. Hewson Bache.

Place of meeting for the session of 1856, City of Philadelphia, on the last Wednesday in May, at 11 o'clock A. M.

On motion of Dr. Morton, it was

Resolved, That the President elect be requested to deliver an address at the opening of the next session.

On motion of Dr. Thomas, the thanks of the Society were tendered to Dr. Gemmill for the able, dignified, and courteous manner in which he has presided over its deliberations during its present session.

On motion of Dr. Morton, the thanks of the Society were tendered to its other officers for the able and efficient manner in which they have discharged their respective duties.

On motion of Dr. Thomas, the thanks of the Society were directed to be presented to the Commissioners of Blair County, for the use of the County Court House for its present session.

On motion of Dr. Biddle, the thanks of the Society were directed to be presented to the Board of Directors of the Pennsylvania Railroad Company, for the facilities afforded by them in the conveyance of the delegates to the present session.

On motion of Dr. H. Carpenter, the thanks of the Society were tendered to the members of the profession of Blair County, for the courtesies extended by them to the delegates in attendance at its present session.

Adjourned.

D. FRANCIS CONDIE,
HENRY CARPENTER,
Secretaries.

CLINICS.

Statistical Report of the Principal Operations Performed in the London Hospitals during February, 1855:—

Lithotomy.—Two cases of lithotomy were under the care of Mr. Erichsen, of University College Hospital, at the time of our last report. The patient, in one of them, has recovered, and left the hospital, the other is yet under care, the wound not yet being healed. Mr. De Morgan's case has resulted in recovery. Mr. Cock's patient remains under care.

Number of cases, 4. Recovered, 4.

Case 1. A boy, aged 4, in good health, under the care of Mr. Johnson, in St. George's Hospital. Recovered. *Case* 2. A boy, aged 8, in fair health, under the care of Mr. Prescott Hewett, in St. George's Hospital. The stone was in the membranous urethra, and it was hoped that its removal might have been accomplished without opening the bladder; but, during the attempt, it slipped back, and an ordinary lithotomy became necessary. Recovered. *Case* 3. A boy, aged 4, in good health, under the care of Mr. Salmon, in St. George's Hospital. Recovered. *Case* 4. A boy, in good health, under the care of Mr. Pollock, in St. George's Hospital. Recovered.

Lithotrity.—The patient in the case mentioned last month, who had been discharged from Guy's Hospital, in order to go into the country, has since died. It will be remembered that he suffered from the symptoms of pyæmia after the lithotrity, and had had several abscesses in the cellular tissue of the extremities. He had a little improved when discharged, and was sent out in the hope that a change from the hospital air might secure his recovery. A relapse, however, took place, and he died rather more than two months after the operation. During the month, the following case has been treated under the care of Mr. Stanley, in St. Bartholomew's Hospital: A healthy countryman, aged 54, had been under Mr. Stanley's treatment three years ago, for stone in the bladder, and after eight weeks' stay in hospital, and three lithotrity operations, was discharged cured. No inconvenience had resulted from the operations. For a year and sixth months after his discharge he remained quite well, but subsequently he again began to suffer from his old train of symptoms. During the next year, the amount of irritation experienced was great, and his general health rather failed. In January of the present year he was readmitted, and the attempt to relieve him by lithotrity was again made. The first four sittings were not followed by any undue irritation. The fifth was done on a Friday, and the stone was freely crushed. On the Tuesday following, the man had a short attack of retention of urine, during which he thought he felt a piece of stone sticking in the urethra. The subsequent expulsion of the fragment was attended by great pain, and was followed almost immediately by swelling of the right testis, and the penis. The testis became gangrenous, and an abscess formed around it, after opening which many yards of the tubuli seminiferi were drawn out. The cellular tissue also sloughed in the several parts of the scrotum and in the prepuce; there were, however, no indications of extravasation of urine, and the perineum remained unaffected. For some days the man was extremely ill, but, by the assistance of liberal diet, free incisions having also been practised to liberate the sloughs, he has done well, and may now be deemed out of danger.

Herniotomy.—The two cases left under care by the last report have both ended in recovery.

Number of cases, 25; recovered, 10; died, 14; under treatment, 1.

Case 1. A woman, aged 49, under the care of Mr. Erichsen, in University College Hospital. Hernia femoral, strangulated three days, sac not opened. A severe attack of peritonitis occurred after the operation, but was recovered from. Recovered. *Case* 2. A man, aged 54, under the care of Mr. Tatum, in St. George's Hospital. Hernia congenital, strangulated two days; sac opened. The taxis had been attempted before admission. The sac was found much thickened, but had been torn in one part by the contusion to which it had been subjected. The intestine and omentum had also been bruised. Recovered. *Case* 3. A woman, aged 46, under the care of Mr. Brooke, in the Westminster Hospital. Hernia femoral, strangulated eighteen hours; sac opened. Recovered. *Case* 4. A woman, aged 60, under the care of Mr. Holthouse, in the Westminster Hospital. Hernia femoral, strangulated eight hours; sac opened. The hernia was of large size, and the stricture very tight. The symptoms were severe, although the strangulation was so recent. Doing well. *Case* 5. A man, aged 21, under the care of Mr. Clarke, in St. Thomas's Hospital. Hernia congenital, strangulated twelve hours; sac opened. Recovered. *Case* 6. A lad, aged 18, under the care of Mr. Curling, in the London Hospital. Hernia congenital, strangulated five hours; symptoms severe. In the operation, the bowel was found to be strictured in two places. The lower stricture was formed by some bands of the intercolumnar fascia, which had been pushed downwards, and the upper one by the neck of the sac itself, at the internal ring. The lower constriction was easily divided external to the sac, but to get at the upper one, it was, of course, necessary to lay open that tunic. The sac contained omentum and bowel. The patient recovered without a bad symptom. *Cases* 7 and 8. In this, the same patient was operated on twice and on each side. A man, aged 70, was admitted into Guy's Hospital, under the care of Mr. Cock, suffering from strangulated inguinal hernia on the left side. He had for fifteen years been subject to double hernia and had worn a truss. The symptoms were not very severe, but all efforts at taxis, with the assistance of a warm bath and of chloroform, having failed, it was determined to operate. The strangulation had then existed for fourteen hours. Mr. Cock found it impracticable to reduce without opening the sac, the stricture being formed by the neck of the latter, and being as tight as whipcord. More than a foot of much congested bowel was found down. and with a little difficulty was returned. About two hours after the man had been got back to bed, and without, as he said, any exertion on his part likely to cause it, the hernia on the right side came down, and at once became tightly strangulated. The taxis again failed, but it was decided to defer the operation for awhile, and the administration of calomel and opium was directed. Early on the following morning, however, the symptoms had developed themselves with such severity that no further delay could be permitted. Strangulation had then existed nine hours. The stricture was again found to be the neck of the sac, and the sac was consequently opened. For a few days subsequent to the second operation, the man suffered from hiccough, vomiting, and some delirium, but then gradually subsided, and he recovered perfectly. *Case* 9. A man, aged 29, under the care of Mr. Cutler, in St. George's Hospital. Hernia inguinal, strangulated six hours, sac opened. Recovered. *Case* 10. A woman, aged 53, under the care of Mr. Prescott Hewett, in St. George's Hospital. Hernia femoral, strangulated twenty-four hours; sac opened. Recovered. *Case* 11. A woman, aged 30, under the care of Mr. Stanley, in St. Bartholomew's Hospital. Hernia femoral, strangulated four hours, sac not opened. Recovered. *Case* 12. A woman, aged 53, under the care of Mr. Lawrence, in St. Bartholomew's Hospital. Hernia femoral, strangulated twenty-three hours. The taxis had been much abused prior to the operation, and the stricture was very tight. On opening the sac an adherent mass of omentum was exposed, behind which lay a small knuckle of bowel. The omentum was left in the sac, the gut having been returned. The omentum left in the sac sloughed, but in other respects the patient seemed doing well up to the ninth day, when a rigor occurred, which was followed by the symptoms of acute bronchitis. Death occurred on the eleventh day, but no autopsy was permitted. Against the idea that death had in this case resulted from pyæmia were the circumstances that there had been no pain complained of about the joints, and that the granulations about the wound had remained florid and healthy looking. *Case* 13. A man, aged 45, under the care of Mr. Fergusson, in King's College Hospital. Hernia inguinal, of 17 years' duration, strangulated twenty-four hours, sac not opened. With the intent of securing a radical obliteration, Mr. Fergusson passed two sutures through the neck of the sac. On the fifth day after the operation an abscess formed above Poupart's ligament, and was opened. Subsequently suppuration occurred also in the scrotum, from which free incisions evacuated much fetid pus. The man sank apparently from irritative fever, and died on the seventeenth day. At the autopsy the neck of the sac was found quite obliterated by adhesions. *Case* 14. A woman, aged 38, under the care of Mr. Stanley, in St. Bartholomew's Hospital. Hernia femoral, strangulated four days, sac opened. Death on the second day. No autopsy. *Case* 15. A man, aged 56, under the care of Mr. Cock, in Guy's Hospital. Hernia femoral, of sixteen years' duration, and strangulated twenty-one hours; sac not opened. The patient did well for four days, when symptoms of peritonitis rather suddenly developed themselves, and death followed next day. No general autopsy was permitted, but the parts concerned in the operation were examined, and it was found that the neck of the sac was occupied by omentum, through a hole in which the protruded bowel had been forced. *Case* 16. A woman, aged 72, under the care of Mr. Callaway, in Guy's Hospital. Hernia femoral; strangulated seventeen hours; sac not opened; reduction easily effected. The woman had been admitted from a workhouse, and was very feeble. The history obtained was imperfect, and possibly the strangulation had been longer than the time stated. After the operation the sac sloughed, and the bowel gave way into the wound. An artificial anus was thus formed, through which, for upwards of three weeks, feces continued freely to escape. Death from exhaustion ultimately occurred. At the autopsy, the portion of bowel which had sloughed was found firmly united to the margin of the ring and to adjacent coils of intestine. *Case* 17. A woman, aged 27, under the care of Mr. Hilton, in Guy's Hospital. Hernia femoral, strangulated seventy-two hours; sac opened. The woman was in extreme collapse at the time of the operation, and this circumstance it was which induced Mr. Hilton to open the sac, and inspect its contents. The bowel was found very dark in colour, and nowise hopeless in appearance. The patient never rallied, and died about twelve hours after the operation. Nothing was found at the autopsy to explain the cause of death. *Case* 18. A man, aged 65, under the care of Mr. Hilton, in Guy's Hospital. Hernia femoral, strangulated ninety-six hours; sac opened. He was a very feeble man, and the parts surrounding the sac were much inflamed. The bowel was found to have sloughed, and had given way into the sac. The stricture was therefore freely divided, and the parts then left *in situ*. The finger could be passed freely into the gut in one direction, but could not in the other; very little feces passed at the time. The patient lived thirteen days, and sank apparently from exhaustion. The discharge by the artificial anus had been free. *Case* 19. A woman, aged 86, under the care of Mr. Luke, in the London Hospital. Hernia femoral, strangulated eighty hours; sac not opened. The patient sank from exhaustion four weeks after the operation. There had, meanwhile, been no peritonitis, and the bowels had acted freely. The wound was looking tolerably healthy. *Case* 20. A man, aged 72, under the care of Mr. Curling, in the London Hospital. Hernia femoral, strangulated forty-eight hours; sac not opened. The case was doing well, and the wound was nearly healed, when gangrene attacked the latter, and the man sank. He was originally of very feeble power, and partially paralytic. Death occurred about five weeks after the operation. *Case* 21. A woman, aged 50, under the care of Mr. Erichsen, in University College Hospital. Hernia femoral, strangulated three days; sac opened. The woman was much sunken at the time of the operation, and died twenty-eight hours afterwards. No autopsy. *Case* 22. A woman, aged 58, under the care of Mr. M'Whinnie, in St. Bartholomew's Hospital. Hernia femoral, strangulated twenty-four hours; sac not opened. The taxis had been grievously abused prior to admission, and purgatives had also been given. Death took place three days after the operation. At the autopsy the strangulated portion of the bowel was found still dark, but in process of recovering itself. A portion of omentum adhered to the ring. The muscles about the ring were ecchymosed, and suppurating in points, from the bruising to which they had been subjected. *Case* 23. A woman, aged 61, under the care of Mr. Tatum, at St. George's Hospital. Hernia femoral, strangulated four days; sac opened. Death followed next day. The gut had sloughed along the line of the stricture, and its contents had escaped into the peritoneal cavity. *Case* 24. A woman, aged 71, under the care of Mr. Quain, in University College Hospital. Hernia femoral, strangulated three days; sac opened. Death on the third day. *Case* 25. A woman, aged 53, under the care of Mr. Lee, in King's College Hospital. Hernia femoral, strangulated twenty-four hours; sac not opened. The patient never thoroughly rallied; the wound took on a sloughing action, bronchitis and peritonitis came on, and death took place on the fifth day.

Ovariotomy.—The case mentioned in the last two reports, under the care of Dr. West and Mr. Paget, in St. Bartholomew's, has ended in death. The patient had been discharged for change of air, and died in the Brighton Hospital. It will be remembered that the ovary had not been extirpated on account of the adhesions found to exist. The cyst had been freely opened, and had suppurated. (We shall give the details of the case at a future time.)

Treatment of Aneurism by Compression.—A man, aged 40, under the care of Mr. Stanley, in St. Bartholomew's Hospital, on account of a popliteal aneurism the size of a fist, had an imperfect trial of compression made prior to the operation. (See "Ligature of Arteries.") The trial was imperfect from the difficulty experienced in getting the man to permit the instrument to remain in position; at every visit it was found misplaced. The leg swelled, and the tumour rather increased. Mr. Stanley, accordingly, after a few days, determined to tie the femoral artery.

Ligature of Arteries.—Mr. Critchett's case remains under care. In Mr. Cock's case the aneurismal tumour has much diminished in size, but is still soft.

A man, aged 40, in good health, who had, as noted above, been subjected to a short trial of compression treatment, had the femoral artery tied by Mr. Stanley, of St. Bartholomew's Hospital, on account of a large popliteal aneurism. Nothing unusual attended the operation, and the tumour has since much diminished in size, and, with the exception of a small part, become quite solid. The wound is now healed.

Trephining of the Skull.—A bricklayer, of very temperate habits, was admitted into King's College Hospital, under the care of Mr. Partridge, having sustained an injury to the right parietal bone, from a brick which had fallen edgewise, a height of thirty feet. The wound was a ragged one, three inches long; there was a fraction of the bone, and a portion consisting almost entirely of the inner table, and about a square inch in size had been depressed, and forced forwards beneath the anterior boundary of the fracture. The trephine was used, and two pieces of bone having been removed, the depressed portion was dislodged. The man has since had an attack of erysipelas, but is now doing well.

Amputations.—The cases left under treatment by last report have all since recovered.

Number of cases, 9; recovered, 4; under treatment, 1; died, 4.

Of the Thigh.—*Case* 1. A lad, aged 14, under the care of Mr. Tatum, in St. George's Hospital, on account of diseased ankle and tibia. Recovered. *Case* 2. A man, aged 46, under the care of Mr. M'Murdo, in St. Thomas's Hospital, on account of diseased knee-joint, of long standing. He was much reduced by prolonged suppuration. Recovered. *Case* 3. A woman, aged 22, under the care of Mr. Solly, in St. Thomas's Hospital, for diseased knee-joint, of long standing. Hectic, and reduced. Recovered. *Case* 4. A boy, aged 10, in very delicate health, under the care of Mr. Athol Johnson, in the Hospital for Sick Children. Disease of the lower part of the femur had existed for six years, and a previous operation had been performed, in the hope of being able to remove a dead portion of bone. The suppuration had been more profuse since that operation, and the knee-joint being also involved, amputation was decided on. The stump was healed in two weeks, and the boy rapidly gained health.

Of the Leg.—*Case* 5. A robust young man, aged 19, under the care of Mr. Erichsen, in University College Hospital, on account of compound and comminuted fracture of the leg. Primary amputation. Doing well. *Case* 6. A very intemperate man, aged 45, under the care of Mr. Walton, in St. Mary's Hospital, on account of compound fracture, extending into the ankle-joint. Primary amputation was performed; gangrene of the stump occurred, and death took place on the third day. *Case* 7. A man, aged 36, of very steady and temperate habits, but not in good health, under the care of Mr. Birkett, in Guy's Hospital, on account of compound fracture of the leg. There was, in addition to the fracture, an extensive laceration of the posterior femoral region of the same side. The stump and the lacerated part were both attacked by gangrene, and the man slowly sank from exhaustion. Death on the twenty-third day. *Case* 8. A lad, aged 10, under the care of Mr. Cutler, in St. George's Hospital, on account of extensive laceration of the foot and leg. Primary amputation. Death from pyæmia on the nineteenth day.

Of the Upper Extremity.—*Case* 9. A countryman, aged 27, in good health, was admitted into King's College Hospital, under the care of Mr. Fergusson, having sustained a gun-shot injury to the upper arm, by which the humerus, for three inches of its extent, had been completely shattered. Primary amputation at the shoulder-joint was performed. Gangrene of the stump occurred on the third day, and death followed on the next.

Excision of Bones and Joints.—The two cases of excision of the elbow-joint, mentioned last month, under the care respectively of Mr. Fergusson and Mr. Hutchinson, remain under treatment. Both are doing well. Mr. Cock's case of removal of carious bone from the tarso-metatarsal joint of the great toe is yet under care.

During the month the following have been performed: *Case* 1. A pale-faced boy, aged 8, under the care of Mr. Athol Johnson, in the Hospital for Sick Children. There was general enlargement of the front part of the foot, and caries of the internal cuneiform bone. The disease had existed four years, and had followed an injury. A crucial incision having been made deeply over the bone, the latter was found loose, and was easily removed. The finger did not afterwards detect any exposed bone in the wound. With the exception of a slight attack of phagedæna, which was arrested by the application of a strong solution of sulphate of copper, and a charcoal poultice, the case has done very well. *Case* 2. A woman, aged 24, in fair health, under the care of Mr. Hilton, in Guy's Hospital, on account of carious disease of one of the tarsal bones, of three years' standing. A free incision over the bone was made, and some small portions of exfoliated bone removed, the adjacent caries being afterwards scooped out. The wound has since been very unhealthy.

Removal of Necrosed Bone.—Six operations of this class, none of them involving important details, have been performed. In all the patients are doing well.

Excision of Malignant Tumours.—*Case* 1. A woman, aged 42, under the care of Mr. Poland, in Guy's Hospital, on account of scirrhus of the breast. The whole gland was removed. Doing well. *Case* 2. A man, aged 60, under the care of Mr. Poland, for epithelial cancer of the lip. The disease had been excised twice before, the first operation having been about six years before. Recovered. *Case* 3. A healthy-looking man, aged 30, under the care of Mr. Poland, in Guy's Hospital, on account of a tumour of doubtful nature in the popliteal space. There had been pain in the part for nearly five months, but the tumour had been perceived only for about eight weeks. After excision, it was believed to be of a malignant character. Under treatment. *Case* 4. A chimney-sweep, aged 30, under the care of Mr. Prescott Hewett, in St. George's Hospital, on account of epithelial cancer of the scrotum. Excision. Recovery. *Case* 5. A man, aged 40, under the care of Mr. Hawkins, in St. George's Hospital, on account of a recurred tumour over the parotid gland. Its nature was believed to be malignant. Recovered. *Case* 6. A middle-aged woman, under the care of Mr. Cutler, in St. George's Hospital, on account of scirrhus of the breast. Excision. Recovery. *Case* 7. A cachectic woman, aged 47, under the care of Mr. Birkett, in Guy's Hospital, on account of infiltration of the entire mammary gland, with scirrhous cancer. The disease had existed six months. The whole breast was removed. For a month the wound appeared to be doing well, but its edges have since been attacked by cancer. *Case* 8. A woman, aged 48, under the care of Mr. Smith, in St. Thomas's Hospital, for scirrhus of the breast. The entire gland was removed. Recovered. *Case* 9. A woman, aged 58, under the care of Mr. Brooke, in the Westminster Hospital. The whole mammary gland was removed, on account of a painful tumour of several years' duration. The growth, which was about the size of a walnut, proved to be scirrhous. Recovered. *Case* 10. A man, aged 70, under the care of Mr. Holt, in Westminster Hospital, for cancer of the lip. Recovered. *Case* 11. A man, aged 50, under the care of Mr. Cutler, in St. George's Hospital, on account of a large growth of encephaloid cancer in the neck. The carotid artery and the jugular vein had been pressed upon, and during the operation the latter had to be tied. The patient rallied from the operation, but died suddenly on the third day. The cause of death was not explained by the post-mortem.

Excisions of Non-Malignant Tumours.—*Case* 1. A woman, aged 40, under the care of Mr. Hawkins, in St. George's Hospital, on account of a recurrent cystic tumour of the breast. It was excised for the fifth time. Recovered. *Case* 2. A young woman, under the care of Mr. Prescott Hewett, in St. George's Hospital, on account of chronic mammary tumour. Excision. Recovery. *Cases* 3, 4, 5, and 6. Fatty tumours of considerable size removed from different parts. All the patients have recovered. *Case* 7. A woman, aged 33, under the care of Mr. Poland, in Guy's Hospital, on account of a pedunculated tumour near the right knee. It had existed for twenty-two years, and appeared to have originated in some form of cutaneous hypertrophy. *Cases* 8, 9, and 10. Sebaceous or cystic tumours. Patients recovered. *Case* 11. A woman, aged 49, under the care of Mr. Birkett, in Guy's Hospital, with a third development of an adenocele in the right mammary gland. Excision. Recovery. *Case* 12. A boy, aged 7, under the care of Mr. Hutchinson, in the Metropolitan Free Hospital, suffering from phymosis, consequent on a fibro-cellular growth in the tissue of the prepuce. Excision. Recovered. *Case* 13. A man, aged 22, under the care of Mr. Hutchinson, in the Metropolitan Free Hospital, on account of tumour in connection with the left mammary gland. The tumour had been growing eight years, and was about the size of three walnuts. It was circumscribed and very firm, after excision it proved to be of fibrous nature. The wound quickly healed. (See Report of the Pathological Society at page 352 of this Journal.) *Case* 14. A healthy girl, aged 22, under the care of Mr. Fergusson, in King's College Hospital, on account of an enchondroma attached to the middle phalanx of the left forefinger. The tumour was of two years' growth, and had reached the size of a walnut. After its excision the wound became very unhealthy, and deep abscesses formed in the hand. Free incisions were practised, and the case is now doing well.

Tracheotomy.—*Case* 1. A man, aged 27, under care in St. Bartholomew's Hospital, on account of acute inflammation of the whole tissues of the neck. Dyspnœa having become very urgent the trachea was opened under desperate circumstances by Mr. Stretton (House-Surgeon). No relief was obtained, and the man died almost immediately afterwards. *Case* 2. A boy, aged 3, was admitted into Guy's Hospital, under the care of Mr. Callaway, on account of laryngitis, consequent on having attempted to drink from a kettle. Eighteen hours after the accident it became necessary to open the trachea. The child was then almost dead, and the operation had to be performed hurriedly. There was, probably, hemorrhage from some wounded veins. The child did not rally from the collapsed condition in which it was, and death occurred about nine hours after the operation. *Case* 3. A boy, aged 3, under the care of Mr. Callaway, on account of scalded throat. Tracheotomy was performed about seven hours after the accident under very urgent circumstances. The dyspnœa was at once relieved. The canula was retained for five days. The child recovered without a bad symptom, and the wound perfectly healed. *Case* 4. An unhealthy infant, aged 1 year and 8 months, under the care of Mr. Callaway, in Guy's Hospital. Its history was peculiar. The mother stated that it had attempted to drink from the kettle, and, in so doing, had scalded its mouth, but not, as it was thought, seriously, as it continued to play about as usual for three or four hours subsequently. Symptoms of laryngitis then began to develop themselves, and soon became very pressing. When admitted, the child was alarmingly ill, its dyspnœa being extreme. Tracheotomy was performed, and with the greatest relief. No bad symptoms subsequently occurred. The canula was kept in for six days. The wound healed perfectly.

Paracentesis of the Chest.—Two cases are under care in which the chest has been punctured, one in St. Thomas's, under Dr. Barker, and the other in University College under Mr. Quain. In the latter the operation was an ordinary paracentesis, whilst in the former it consisted only in opening an abscess which had already passed through the intercostal muscles. Both cases remain under care, and we propose at a future time to give their details.

Operation for Imperforate Hymen.—A healthy Irish girl, aged 20, under the care of Mr. Hutchinson, at the Metropolitan Free Hospital. She had suffered for several years from all the usual symptoms at the menstrual periods, but had never had any flow. On examination the hymen was found imperforate and constituting a strong and tough membrane. In the erect position it became distended and pushed into the os externum, but when recumbent it was only to be felt about two inches within the vagina. There was no perceptible tumour in the abdomen. Mr. Hutchinson made a free incision into the membrane, and evacuated about two pints of thick, treacly fluid. The membrane divided being nearly a quarter of an inch in thickness, it was feared some difficulty might ensue from a tendency to contract and close the opening, but none such was encountered. A syringe and warm water were employed daily during several days after the operation, and the patient was confined to bed for a week or more for precaution's sake. No bad symptoms ensued, and she made a perfect recovery.

Operations for Urethral Stricture.—A man, under the care of Mr. Fergusson, in King's College Hospital, on account of stricture of nine months' duration, consequent on a fall. With great difficulty a No. 3 catheter was introduced, and on this Mr. Fergusson performed perineal section. The patient has since done very well, the perineal wound is nearly healed, and a full-sized catheter now passes easily.

Ligature, etc., of Nævus.—*Cases* 1 and 2. In these cases, both under the care of Mr. Fergusson, in King's College Hospital, nitric acid had been freely applied and had failed to cure the disease. Ligature was subsequently practised, and was quite successful. *Case* 3. In this case a nævoid growth from the inner part of the thigh was excised by Mr. Erichsen, in University College Hospital. Recovered.

Plastic Operations.—The case of urethral fistula, under the care of Mr. Henry Thompson, in the Marylebone Infirmary, in which M. Nealton's operation had been performed, remains under treatment. Nothing has as yet been gained by the procedure.

Case 1. A male infant, aged two years, under the care of Mr. Birkett, in Guy's Hospital, with a large congenital fissure of the lip on the left side. The left ala nasi was also deformed, and a groove or furrow (not a fissure) ran along the left side of the palate, indicating that the infant had but just escaped a fissure of the palate also. A surgeon in the country had twice attempted union of the harelip without success. Mr. Birkett operated as usual, adhesion followed, but there was more than ordinary deformity remaining, on account of the ill-formed ala nasi. *Case* 2. A girl, aged 16, the subject of single harelip, under the care of Mr. Pollock, in St. George's Hospital. She had been operated on in infancy unsuccessfully. Mr. Pollock's operation procured complete union. *Case* 3. A girl, aged 17, under the care of Mr. Fergusson, in King's College Hospital, for contracted cicatrix of a burn, by which the hand had been drawn into the forearm. The band was freely divided, and the hand has since been kept extended. The wound is nearly healed, and great benefit appears certain to result. *Case* 4. An operation for vesico-vaginal fistula, by Mr. Brown, in St. Mary's Hospital. *Case* 5. Division of contracted cicatrix after burn, by Mr. Henry Thompson, in the Marylebone Infirmary. The cicatrix had drawn the thigh up upon the trunk, and by its tension an ulcer in the lower part of the thigh had been long prevented healing. Under treatment.—*Medical Times and Gazette*, April 7, 1855.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Ohio State Medical Society.—We are happy to learn from our contemporary, *The Medical Counsellor* (June 9th), that the Ohio State Medical Society, at its recent meeting in Zanesville, rescinded the resolution adopted at the previous one in regard to medical men taking out patents for surgical and medical instruments (see No. of *News* for May, 1855, p. 74), and which was in violation of the Code of Ethics of the American Medical Association.

We add, from a subsequent No. of the *Counsellor* (June 16th), the resolutions in reference to this matter, which were offered by Dr. T. W. Gordon, and almost unanimously adopted:—

"*Resolved*, That the resolution offered by Dr. Grant (a member of this Society, and not at this, or at that time, a practitioner of medicine), at the last session of this Society, which says 'that it is not derogatory to medical dignity, or inconsistent with medical honor, for medical gentlemen to take out a patent right for surgical or medical instruments,' was offered at a time when many members of the Society had left for their homes, and was not, therefore, the sense of this Society.

"*Resolved, also*, That said resolution is in direct opposition to the Code of Medical Ethics adopted by the Society, and therefore be it further

"*Resolved*, That said resolution offered by Dr. Grant, and adopted by this Society be, and is hereby rescinded.

"On motion of Dr. Murphy, the Secretary was instructed to forward to the Secretary of the American Association and to the Executive Committee at Detroit, a statement of the action of this Convention, and a copy of the resolutions rescinding those of last year."

Toast.—The following poetical toast, by Dr. Oliver Wendell Holmes, was prepared in the expectation that there would be a public dinner at the late meeting of the American Medical Association, and with the intention that it should be offered on that occasion:—

A triple health to Friendship, Science, Art,
From heads and hands that own a common heart!
Each in its turn the other's willing slave:
Each in its season strong to heal and save.

Friendship's blind service, in the hour of need,
Wipes the pale face—and lets the victim bleed.
Science must stop to reason and explain;
Art claps his fingers on the streaming vein.

But Art's brief memory fails the hand at last;
Then Science lifts the flambeau of the past.
When both their equal impotence deplore—
When Learning sighs, and Skill can do no more,
The tear of Friendship pours its heavenly balm,
And soothes the pang no anodyne may calm!

Injections into the Bronchial Tubes and into Tubercular Cavities of Solution of Nitrate of Silver.—Dr. Horace Green presented to the New York Academy of Medicine, in December last, a communication in which he claimed to have treated bronchial affections and tuberculosis with advantage, by the direct introduction into the lungs of a strong solution of nitrate of silver, injected through an elastic tube. The subject was referred to a committee, to investigate and report on the subject.

At the meeting of the Academy, on Wednesday, June 6th, Dr. Willard Parker, the eminent Professor of Surgery in the College of Physicians and Surgeons, who was chairman of the committee, made a report on behalf of a majority of that committee. We take the following summary of the report from the *New York Daily Times* of June 11th.

Dr. Parker stated that the Committee had held five meetings—two at the office of Dr. Green, three at Bellevue Hospital, and had experimented upon thirty-eight individuals, and would now present, 1. A History of catheterism of the air-passages; 2. The results of their experiments; and 3. The opinions founded upon these experiments.

1. Catheterization of the air passages is no new idea: it is recommended by Hippocrates; and Ryland, in his work on *Diseases of the Larynx*, devotes a short chapter to it.

2. The result of their experimentation proved, to the satisfaction of the whole Committee, that the operation is possible. In eleven cases the instrument entered without doubt into the trachea. This was evident to the finger of the operator, by local examination. Moreover the symptoms manifested by the patient are unequivocal. They are such as always accompany the entrance and presence of a foreign body in the air-passages, spasm, suffusion of eyes, redness of face, a sense of suffocation, and a desire to withdraw the instrument.

In most instances the instrument passed into the œsophagus, and the report next gave a tabular statement of unequivocal rational signs by which it might be determined into which passage the instrument was passed. [This tabular statement is very incomplete.]

When the instrument is passed into the trachea, the face becomes turgid, respiration croupy, there is spasmodic cough, and a sense of immediate impending suffocation. If assured that there be no danger (in one instance seen), the patient can be enabled to bear the instrument for a short period.

When the instrument enters the œsophagus there is a hoarse, stridulous voice, retching, and cough, generally vomiting; but after a short interval these symptoms pass away; the irritation is allayed, and the voice becomes nearly natural. In but one case were these peculiarities absent, and in that sensibility of the parts was deadened by previous syphilitic disease.

As a rule the rational signs will distinguish the location of the instrument. The blowing out of a candle by expiration through the tube, and the inflation of a bladder tied over the end, are not sound tests, as this might be done by the emission of gas from the stomach, when the tube was purposely passed into the œsophagus.

The opinion of the operator is unreliable when based upon his own opinion, without reference to these rational signs. Dr. Green being himself repeatedly mistaken, as confessed by him.

The sensations of patients are often reliable after many applications have taught the different feelings.

The facility of the operation does not depend upon the previous preparation of the patient, as insisted upon by Dr. Green, for, with the exception of Wetmore, patients who had frequent applications of the caustic to the fauces for six months were equally intolerant as the new patients.

Much depends upon the character and form of the instruments. With a tube curved by a stylet to a form corresponding to a circle of six inches diameter, in thirteen cases five failed, or 38 per cent. of failure, which proves that the trachea may be entered with a very considerable certainty.

With a tube with a small curve, such as used by Dr. Green, in 38 cases 35 failed, or 92 per cent. of failure.

With the sponge probang, in 18 cases there were 18 failures, or 100 per cent. of failure.

The conclusion is, that the sponge probang, or slightly curved tube, cannot be made to enter the trachea, but, if largely curved, can; that local application within the trachea is difficult, and rarely successful; and whether an instrument may be passed at will into the right or left bronchi, the committee leave to the Academy to decide from these facts.

The committee considered themselves excused from entering into the therapeutical value of the application, as proposed on the grounds that they do not think it advisable to discuss a mere theoretical question. A post-mortem of a consumptive is given, where death followed in twenty-six hours after the operation.

This report was signed by Drs. Parker, I. Wood, and H. O. Stone. Dr. A. H. Stevens is absent from the city, and two other members reported to concur in it, but they were absent and their names were not appended.

Prof. Baker, the colleague of Dr. Green in the New York Medical College, made a minority report, stating the reasons why he could not sign the majority report.

At an adjourned meeting of the Academy, on the following Wednesday, the reports were again read, and after some debate the reports and the paper of Dr. Green were ordered to the Committee on Publication, to be printed in the *Transactions* of the Academy, and distributed to the members previous to the next meeting.

The Society then adjourned to the next regular meeting on the second Wednesday in July.

Compliment to Prof. Austin Flint.—The professional friends of Prof. FLINT have had executed a very handsome lithograph portrait of him, as a testimonial of their appreciation of his long and able discharge of his editorial duties, and of his efficient services in elevating the character of medical literature and science. This is a well merited and appropriate compliment, and we are gratified to acknowledge the favour done us by sending us a copy of the portrait.

New Work on Medical Jurisprudence.—Dr. STEPHEN SMITH, one of the editors of the *New York Journal of Medicine*, is preparing for press a work on "Medical Jurisprudence, in its application to the Practice of Medicine, Surgery, and Midwifery in the United States," and is desirous of having members of the profession to communicate to him reports of trials for mal-practice, or any facts relating to cases where suits have been threatened, or instituted, or quashed, or in which mal-practice has been alleged in the practice of Medicine, Surgery, or Midwifery.

The Stethoscope.—This journal has been sold by the Medical Society of Virginia to the publishers, and is now edited by Drs. Goodridge A. Wilson and Richmond A. Lewis.

Daniels' Obstetrical Supporter.—We would call the attention of obstetricians to this instrument, which is designed to give support to the female during labour, and maintain her body and limbs in a favourable position. Some of our friends, who have employed it, testify to its fulfilling the indications for which it is designed.

FOREIGN INTELLIGENCE.

The Practical Value of Theoretical Science: Alcohol from Coal-Gas.—For many, many years, the gas was the sole, or almost the sole valuable product of the distillation of coal. With the exception of the tar and coke, the other products were not merely suffered to run to waste, but to get rid of them was a continuous trouble and expense to the manufacturer. All this is now changing—we had almost said changed—for now-a-days the secondary products of gas-making are almost equal to the gas itself in importance and value—nay, to such an extent is this the case, that manufactories already exist, not for distilling pit-coal for the procuring of gas, but for the special purpose of obtaining these several secondary products, the most important of which (under the name of *paraffine oil*) is largely consumed, both as a lubricator and an illuminator. These secondary products, which may already be mentioned by dozens, are each of them of importance in agriculture, in the arts, or in the ordinary purposes of life. Many of them we owe to the chemist, working not for a practical end, but simply for the advancement of his science—seeking knowledge in full faith and assurance that the knowledge thus sought and gained will in good time bring forth results important in their economical relations to his fellow-men.

Such have been the minor triumphs of the chemist, when working on coal and its products; but to-day we have to announce a far greater triumph—one long looked for and foreseen—though it was not perceived from what quarter this grand confirmation and crowning proof of the truth of the general doctrines of organic chemistry was to spring.

True and rational theory has long shown us that radicals existed, formed of carbon and hydrogen, in definite series; and analysis has succeeded very lately in isolating many of these radicals: but hitherto their sources have all been indirect, as from the distillation of wood, fermentation, etc.; and we have waited and hoped till the time should come when synthesis should build up and create what analysis had been only able to dissect, and to show must exist.

This great discovery of M. Bertholot (which we find reported *in extenso* in the *Chemical Gazette* for Feb. 15th) forms an epoch in the progress of chemical science, whence we may date another start forwards. This is the conversion of bicarburetted hydrogen gas into alcohol; or, in other words, the forcing water to combine with coal-gas, to make spirit of wine. It appears that, when this bicarburetted hydrogen gas (conveniently known as *olefiant gas*, and to the presence of which in coal-gas its illuminating powers are chiefly due), is violently shaken with sulphuric acid and metallic mercury for a long time, the gas is absorbed; and, on adding a little water, and distilling the mixture, alcohol is obtained, which, on examination, proves to be true ethylic alcohol, or spirit of wine. The olefiant gas was prepared in various ways; but its source mattered not: whatever its origin, it produced alcohol, ether, and all the various salts of *ethyl*. For complete details of the discovery, we must refer to the memoir itself.

Vast as the practical results of this discovery may prove, its theoretical and moral value are to our minds immeasurably superior. It adds another leaf to the chaplet of inductive science. It is evidently from a thorough acquaintance with, and from pondering on the abstract laws of chemical science that M. Bertholot has arrived at this discovery. It bears its own internal evidence that it is no chance-medley invention, but that it is due immediately and directly to theoretical considerations alone; and we doubt not that in this discovery we shall find hereafter another instance of the truth of Playfair's maxim, that "It is abstract, and not practical science, that is the life and soul of industry."—*Association Med. Jour.*, March 2, 1855.

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Judicial Decision in Antwerp respecting Medical Secrecy.—The Lower Court of Antwerp has just decided that a medical man who registers a child whose mother he has attended in labour, is not bound to divulge the name of the latter, if he have made a promise to keep the secret. The question and the trial had caused much sensation amongst our Belgian brethren, and we are happy to state that a large number of them joined in a subscription to support Dr. Bessens, who refused to give the name of the mother in a case of the description mentioned above. The privilege thus conceded is honourable to our profession, and would have the tendency, were it generally granted, to diminish the cases of infanticide.—*Lancet*, May 26, 1855.

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Obituary Record.—Died, on the 2d of May, aged 49, of typhus fever, M. Marchal, Professor of Surgery at the Faculty of Strasburg.

Died, on the 7th of May, at Gheel, aged 90, M. de Backer, the Nestor of Belgian Surgeons.

Died, on the 10th of April, at his residence in Funchal, Island of Madeira, Dr. Alexander Oliveira, aged 56.

THE MEDICAL NEWS AND LIBRARY.

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BROWN ON SURGICAL DISEASES OF WOMEN, TWENTY PAGES.

CLINICS.

Statistical Report of the Principal Operations performed in the London Hospitals during March, 1855.

Excision of Malignant Tumours.—Case 1. A woman, aged about 40, under the care of Mr. Lloyd, in St. Bartholomew's Hospital. She was unmarried and very spare. The tumour, which was a scirrhous mass in the right breast, had been growing ten months. There was no history of cancer in the family. The breast was excised, and also an enlarged axillary lymphatic. Doing well. *Case* 2. A woman, aged 62, under the care of Mr. Hawkins, in St. George's Hospital, on account of scirrhus of the breast. The entire gland was removed. Doing well. *Case* 3. A middle aged woman, under Mr. Prescott Hewett's care in St. George's Hospital, on account of returned scirrhus in the cicatrix after amputation of the breast. Under treatment. *Case* 4. A woman, aged 56, under the care of Mr. Fergusson, in King's College Hospital, on account of scirrhus of the breast. The whole gland was removed. The tumour, however, was not very large. Sloughing attacked the wound, and the patient sank exhausted on the third day. *Case* 5. A cachectic woman, aged 53, under the care of Mr. Fergusson, in King's College Hospital. The left breast had been excised four years ago, on account of scirrhus, and the same disease had now returned in the axillary lymphatics. In the operation the mass was found to be attached to the sheath of the axillary vessels, and it was, therefore, impracticable to remove every part. The wound has since done well, and is healing. *Case* 6. A man, aged 35, apparently healthy, under the care of Mr. Fergusson, in King's College Hospital, for an epulis growing from the right side of the upper jaw. After removal it was found to have a malignant character. The wound healed well. *Case* 7. A man, aged 58, under the care of Mr. Shaw, in the Middlesex Hospital, on account of a small epithelial cancer of the lip. It was said to have existed fifteen years, and had increased very slowly. Excision. Recovery. *Case* 8. A man, aged 70, under Mr. Shaw's care, in the Middlesex Hospital, on account of epithelial cancer of the

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Published monthly by BLANCHARD & LEA, Philadelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage to the subscriber.*

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lip of one year's duration. The growth, as also an enlarged gland from beneath the jaw, was excised. Recovery. *Case* 9. A man, aged 27, under the care of Mr. De Morgan, in the Middlesex Hospital. A tumour, the size of a walnut, extended from opposite the first molar tooth across the median line of the hard palate, not, however involving the soft palate. It was said to have been increasing in size for seven years. After excision it was found to be of cancerous nature (medullary), and did not appear to have grown from either the gum or the bone. There was some hemorrhage afterwards but it was arrested, and the wound subsequently healed well.

See also "Removal of the Testis" and "Amputation of the Penis."

Amputation of the Penis.—A man, aged 58, under the care of Mr. Cock, in Guy's Hospital, on account of epithelial cancer, involving both glans and prepuce. The disease had existed seven months. The prepuce was first divided in order to examine, and in the hope that amputation might not be needful, but the disease was found to involve so much that nothing less than removal of the organ would have been warranted. The case is doing well.

Removal of the Testis.—*Case* 1. A man, aged 56, under the care of Mr. Hilton, in Guy's Hospital, on account of malignant disease of the right testis complicated with hydrocele. He had the appearance of good health. The disease had existed a year and six months. The cord was not enlarged, and there were no indications of affection of the lumbar glands. After removal, the gland, which was larger than a fist, presented a remarkably good specimen of medullary cancer. The patient recovered well, and has left the Hospital. *Case* 2. A boy, aged 9, under the care of Mr. Canton, in the Charing-Cross Hospital, on account of cancer of the right testis. He was a florid, healthy-looking boy, but of thin skin and bright glistening eyes. There was no history of hereditary predisposition, and the disease was referred to a kick, which had been received some time before. The tumour was as large as a fist, and presented, after removal, the usual features of soft cancer. The cord was not perceptibly diseased. The wound healed kindly, and he soon left the Hospital. Within a month of the operation, however, the cord began to enlarge, and there were indications of disease of the lumbar glands. The disease in both these regions rapidly progressed, but no ulceration occurred. The child died asthenic, and worn down to a skeleton rather more than three months after the operation. The *post-mortem* discovered an enormous growth of medullary cancer from the lumbar glands of the same side as the original disease, by which the viscera had been much displaced. The cord was also the seat of cancerous infiltration.

Excision of Non-Malignant Growths.—*Case* 1. A healthy young woman, aged 25, under the care of Mr. Fergusson, in King's College Hospital, on account of a large tumour in the left thigh. It had been increasing in size for six years, and now measured 9½ inches in length by 5½ in breadth. In the operation for its removal it was found to extend deeply back to the linea aspera, and downwards into the popliteal space. The cure, although delayed by abscesses in the thigh, was complete in about two months. *Case* 2. A woman, aged 50, under the care of Mr. Brooke, in the Westminster Hospital, on account of a fibrous tumour in the buttock. Excision. Doing well. *Case* 3. A man, aged 51, under the care of Mr. Paget, in St. Bartholomew's Hospital, on account of a very large tumour in the neck. The mass was as large as three fists, and consisted of parotid structure, with some cartilaginous portions interspersed. The patient sank, and died four days after the operation. *Case* 4. A fatty tumour, from below the mamma of a healthy woman under Mr. Erichsen's care in the University College Hospital. Recovered. *Case* 5. A girl, aged 10, under Mr. Athol Johnson's care, in the Hospital for Sick Children, on account of an encysted tumour in the cheek. Excision. Recovery. *Case* 6. A woman, aged 30, under Mr. Athol Johnson's care, on account of an enchondromatous tumour in the upper arm, near the axilla. Excision. Recovery. In this case, and the preceding, the freezing mixture was employed to render the parts insensible, and succeeded well. In both the wounds healed kindly.

Excision of Bones and Joints.—Two cases of excision of the elbow-joint, under care respectively of Mr. Fergusson and Mr. Hutchinson, remain under treatment. Both are doing well. The cases reported last month are both of them yet under treatment.

Case 1. A boy, aged 14, was admitted

into Charing-Cross Hospital, having sustained a severe laceration about the elbow-joint. The ulnar nerve had been destroyed. Sloughing and abscesses followed, and the joint having become disorganized, Mr. Canton performed excision in the usual way, the H-shaped incision being adopted. The case has since done remarkably well; the parts are now all but healed, and there is a good extent of motion. The little finger continues devoid of sensation. *Case* 2. A man, aged 20, under the care of Mr. Hancock, in Charing-Cross Hospital, on account of diseased elbow-joint. The disease had existed for more than a year and a half, and the soft parts around the joint were much thickened. The patient's health was extremely reduced; he had cough, and was very much emaciated. The H-shaped incision was practised, and the entire joint removed. During the operation, the man sank into a condition of nearly fatal collapse; but after having rallied from that, he progressed well and without interruption. He is now an out-patient; has good motion in the joint, although one or two small sinuses remain unhealed. Since the operation (3 months), he has improved greatly in health, and has gained upwards of two stones in weight.

Removal of Necrosed Bone.—*Case* 1. A man, aged 30, under Mr. Holt's care in the Westminster Hospital, on account of necrosis of the fifth metatarsal bone of the right foot. The sequestrum was removed. Under treatment. *Case* 2. A boy, aged 8, under the care of Mr. Brooke, in the Westminster Hospital, on account of necrosis of the humerus. A very large sequestrum was removed. Doing well. *Case* 3. A girl, aged 16, in St. Bartholomew's Hospital, under the care of Mr. Stanley, on account of necrosis of part of the tibia. The sequestrum was removed. Recovered. *Case* 4. A woman, aged 49, under the care of Mr. Erichsen, in University College Hospital, on account of necrosis of the lower four-fifths of the radius extending into the wrist-joint. The disease had existed for three years, and a portion had been removed a year ago. The whole of the affected part was now excised. The case is doing well. *Cases* 5, 6, 7, and 8. These cases do not call for special mention; all are doing well.

Operations for Stricture of the Urethra.—*Case* 1. A healthy man, aged 45, under the care of Mr. Fergusson in King's College Hospital, on account of stricture of nine years' duration. Perineal section had been performed three years ago, and the wound had never since quite healed. The stricture had now got into nearly as bad a condition as at first, and only a very small instrument could be passed through it. Mr. Fergusson performed perineal section for a second time, freely dividing the diseased tract. A flexible catheter was retained for twelve days after the operation. The patient has done well. A No. 9 silver catheter can now be introduced, but the wound is not yet closed. *Case* 2. A healthy labourer, aged 45, under the care of Mr. Fergusson, in King's College Hospital, for stricture, of eighteen years' duration, the result of gonorrhœa. There were two fistulous openings over the pubes, and one in the scrotum, through all of which urine passed freely. The stricture began almost at the meatus, and no instrument could be passed. The operation consisted in first dividing the anterior stricture from within by a lancetted stilette, after which a grooved staff was carried down to the triangular ligament. Guided by the latter, perineal section was performed, and a No. 5 gum catheter passed into the bladder. A good deal of blood was lost. A large slough subsequently formed in the scrotum. The parts are now healing, but the patient has continued since the operation in a very low condition.

Case 3. A man, aged 43, under the care of Mr. Quain, in University College Hospital. He was admitted with an abscess in the perineum, and stated that he had had an attack of retention as long ago as eighteen years, since which he had never had an instrument passed. Mr. Quain with difficulty succeeded in passing small instruments, but could get no higher than No. 3. Perineal section was performed under these circumstances. A No. 7 catheter was left in after the operation for about thirty-six hours. The case is doing well. *Case* 4. A man, aged 31, under the care of Mr. Erichsen, in University College Hospital, on account of stricture of soven years' duration. During the last three years the surgeon who had treated him had been unable to pass an instrument. Mr. Erichsen succeeded in passing Nos. 4, 5, and 6, but subsequently determined to divide the stricture. Perineal section was performed in the usual way. The patient is doing well.

Puncture of the Bladder.—A man, aged 40, under the care of Mr. Birkett, in Guy's Hospital, had suffered from a traumatic stricture of the urethra for several years. Retention occurred, and the bladder became distended, the patient suffering extremely. Catheterism being impracticable, and the free employment of opium, etc. having failed to procure relief, Mr. Birkett punctured the bladder by the rectum. The canula was retained fourteen days, and then removed. No catheter has yet been introduced, the stricture being very tight. The urine has continued up to the present time to flow, chiefly by the rectum; a very small quantity escaping by the urethra. The man has suffered from a low form of pneumonia, and been very ill, but he is now recovering.

Tracheotomy.—Case 1. A man of middle age, under Mr. Lloyd's care, in St. Bartholomew's Hospital, on account of syphilitic ulceration of the larynx. Most urgent dyspnœa having supervened, it became necessary to perform tracheotomy. The operation was done by Mr. Jowers, the House-Surgeon in charge of the case. At the time of its performance the man was all but asphyxiated, and although it occupied but very little time, yet before its completion he was to all appearance dead. Artificial respiration was resorted to and had to be continued for two hours before it was safe to abandon it. Injections of brandy and beef tea were, during the time, thrown into the rectum. As far as the chest was concerned, the operation was successful; the breathing being permanently relieved. The patient, however, sank and died from exhaustion, four days afterwards. *Case* 2. A girl, said to be aged 16, but looking much older, under care in St. George's Hospital, on account of croup. Tracheotomy was performed by the House-Surgeon, as a last resource, death from suffocation being imminent. The thyroid body was much enlarged. Death took place almost immediately after the opening of the trachea, and appeared to be caused by the entrance of blood into that tube. At the autopsy the incision was found to have passed directly through the isthmus of the thyroid. The lungs were extensively affected by a low form of pneumonia.

Case 3. A boy, aged 3, under care in Guy's Hospital. Tracheotomy was performed by Mr. Callaway, but the circumstances were almost hopeless, and death followed immediately afterwards. The disease proved to be a post-pharyngeal abscess connected with the spine, which was believed to have pressed forwards upon the trachea. *Case* 4. A child, aged 8, was admitted in St. Mary's Hospital, under the care of Mr. Lane, on the third day after having, according to his own account, swallowed a portion of nutshell. For two days after the occurrence there had been no symptoms of impediment to breathing or other uneasiness. The symptoms on admission were very slight, air entered into both lungs freely, and no particular part of the trachea was referred to as the seat of tenderness or pain. On the sixth day symptoms of impending suffocation had become so imminent that it was determined to open the trachea. Before, however, the operation could be completed the child had expired. Artificial respiration and galvanism were had recourse to, but proved of no avail. At the autopsy a small irregularly-shaped portion of nutshell was found lodged in the crico-thyroid membrane just above the opening made into the trachea. It is right to add that chloroform had been given during the operation, but the patient was never fully under its influence.

Ligature of Varicose Veins.—A healthy man, aged 34, under Mr. Partridge's care, in King's College Hospital, on account of ulcers on the legs, consequent on a varicose state of the superficial veins. Mr. Partridge obliterated the veins in several parts, by means of the needle and twisted suture. The man left the Hospital quite well in about a month.

Paracentesis of the Chest.—The case mentioned last month under care in University College Hospital, has since died of phthisis. On the affected side the lung was in every part united to the parietes by adhesions. Dr. Barker's case, and also one under the care of Dr. Burrows, in St. Bartholomew's, remain under treatment.

Plastic Operations.—Case 1. A woman, aged 25, confined six months ago of her first child, and delivered by instruments (craniotomy), was admitted into St. George's Hospital, under the care of Mr. Pollock, with a large vesico-vaginal fistula. The cleft extended from the meatus urinarius backwards to within three-fourths of an inch of the os uteri. The operation performed consisted in paring the edges of the flaps, and uniting them by the beaded suture, lateral incisions being made to relieve tension. Under treatment. *Case* 2. A woman, aged 23, under the care of Mr. Fergusson, in King's College Hospital, on account of the contracted cicatrix of a burn. The right arm was bound nearly close to the side, and the forearm flexed on the upper arm. The axillary cicatrix having been freely divided, the arm was elevated at a right angle with the side, and supported on a rectangular splint. There is every prospect of a good result. The cicatrix at the elbow is to be dealt with at a future time. *Case* 3. A girl, aged 12, under the care of Mr. Hancock, in the Charing-Cross Hospital, on account of extreme deformity, the result of a burn three years before. The chin was drawn down on to the sternum, and the whole features were much distorted. The operation consisted in dissecting up a very large flap, from the left shoulder and upper arm, and transplanting it into a wound, made across the neck by the free division of the contracted parts. The flap has united well, and the result will be excellent. *Case* 4. An infant, aged 8 months, under the care of Mr. Gowland, in the London Hospital, on account of a single hare-lip. The usual operation was perfectly successful. *Case* 5. A boy, aged 8, under Mr. Hancock's care, in the Charing-Cross Hospital, on account of an extremely severe double hare-lip. Parts of the vomer and incisive bone, which projected very much, had to be cut away. Two operations were performed—the first for uniting the lip, the second for making the septum. The success was complete.—*Medical Times and Gazette*, May 12, 1855.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Prosecutions for Malpractice.—Prof. Frank Hamilton, of Buffalo, N. York, in submitting his valuable report on "Deformities after fractures," to the American Medical Association at its last meeting, makes some verbal remarks which we find reported in the *Buffalo Medical Journal* for June, and which are so interesting, that we take pleasure in transferring them to our pages:—

"Dr. Hamilton said that he had a word to say which did not belong to the report. Prosecutions for malpractice have become so frequent that surgeons were alarmed, and not a few were abandoning the profession, or refusing altogether to undertake the treatment of grave surgical accidents, and especially of fractures. So frequent were these prosecutions that members were no longer surprised at such statements. If they had heard the speaker say that lawyers were abandoning their profession from this cause, they would have been startled, but to us the fact is familiar.

"It is proper for us, then, to interrogate ourselves. Why is it that we are held to an accountability so much more strict than any other professional men, or than any other artisans? Is it because there are jealous and designing men in our own ranks who instigate these suits? No doubt such men may be found, but only as an exception. The fact is that surgeons have sometimes been mulcted in damages simply because the jury believed, from the united character of the medical testimony, that it was a conspiracy, and the more conclusive the testimony, the more certain, with some jurors, is the defendant to suffer.

"Is it chargeable to the members of another profession—to the lawyers? There may be some men in the profession of law, also, who, driven by the sheer necessity of their circumstances—by their extreme poverty, or who, without any such apology, with only loose notions of right and wrong, encourage and undertake such suits—such are the men who hang about the Tombs in New York, and who may be found, more or less, in every town—but the speaker has reason to believe that honorable and intelligent lawyers seldom countenance these prosecutions. That eminent jurist of the state of New York, Joshua Spencer, has told Dr. Hamilton, that for himself he does not think he ever commenced a suit of this character, although he has been frequently retained as counsel, and he believes his brethren, generally, look upon these complaints with suspicion and refuse to meddle with them.

"Where, then, must we look for an answer to the question, why are these prosecutions against surgeons so frequent? Let the gentleman be assured, the causes are to be found in the *very imperfections of our art, and in our own unwillingness to admit these imperfections.* Surgeons have claimed too much, and it cannot certainly be expected that the world will demand of them less than they claim for themselves.

Again and again surgeons have said that a fracture of the femur might be generally made to unite without any shortening, while the fact is not so. Malgaigne, who is eminently an honest man, says to make this bone unite in an adult person, where the fracture is sufficiently oblique to prevent the ends from supporting each other, is 'simply impossible' (*simplement impossible.*)

"Let the profession be wiser in future and acknowledge that they cannot perform impossibilities."

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Health of New Orleans.—About the 15th of May last, when quite a fuss was being made in certain quarters about the salubrity of our climate—the mortality of the week, ending on the 19th being in all 136—cholera made its appearance in the Charity Hospital; for a day or two it excited no especial attention, as our physicians have been accustomed to seeing sporadic cases of the disease very commonly since the great epidemic of 1848–9. Soon, however, it became evident that the disease was prevalent, and, although we find no published returns of deaths by cholera separately, we notice the total week's mortality of our city for the week ending on the 29th of May, advanced from 136 to 177, and this without returns from St. Patrick's cemetery, which is well known to be one of the well patronized cemeteries of our city. Allowing the difference between 136 and 177 (41) to be so many deaths from cholera, and adding twenty more deaths by the disease from St. Patrick's cemetery, and we have sixty-one deaths by cholera for the first week of its prevalence—indeed, we have it from reliable authority, that there were really sixty-seven. The disease now increased steadily, as was to be seen, not only by those who frequent the hospital, but by those only engaged in private practice, and the published list of mortality for the week ending on the 28th of May, shows a sum total of 381 deaths, 202 of which were from cholera. Things continued to grow worse until on Monday, June 4, our community was furnished with a published list of mortality showing a total of 504 (!) deaths, 278 of which were from cholera. During the latter days of this fatal week, a decline was noticed in the epidemic, and the next published list of mortality, for the week ending June 10, showed a total of 381 deaths, 201 of which were from cholera. From this time the epidemic subsided rapidly, and for the week ending on June 17th, we have a published list of 236 deaths, seventy-six of which are from cholera. Finally, for the week ending June 24th, we have a published list of mortality showing a total of 191 deaths, forty-eight of which are from cholera.

To the reader of the foregoing statistics it is supererogation to say that New Orleans has not been, during the past five weeks, in a healthy condition; nor is it our province to stop here and inflict on those who so well deserve it, the castigation they merit at the hands of all honest men, for reiterated assertions that New Orleans was *healthy*, while, in addition to what we shall demonstrate to be a large mortality from other diseases, she was losing by cholera, an average of nearly twenty-five of her citizens daily, for five weeks. Nor can we do more in this place than simply call the attention of all right thinking men to the lamentable fact that by these same highly interested and self-constituted guardians of the public health, our Board of Health was sneered at and almost censured, for declaring the disease epidemic, and for warning the people accordingly. It is enough to know now, that the figures (*facts*) most fully sustain them in the act, and insure them in future all that confidence from the community which their neighbours seem to have coveted.

This epidemic of cholera has been particularly severe amongst negroes and little children; it attacked numbers of the latter, amongst high and low, with extreme malignity; little infants from one to three months being subjected to all those distressing symptoms, vomiting and purging of rice water, cramps, etc., and dying within a few hours of the first accession of symptoms. As a rule, however, the patient had plain premonitory symptoms, which could almost always be checked if at once attended to. On the heads of the anti-cholera advocates must rest many of the deaths we have now to record.—*New Orleans Medical News*, July, 1855.

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Massachusetts Medical Society.—This Society offers a prize of one hundred dollars to the author of a dissertation, which may be judged worthy thereof, on "the history and statistics of ovariotomy, and under what circumstances the operation may be regarded as safe and expedient."

The prize is open to the profession throughout the country. Essays must be accompanied by a sealed envelope, and the one containing the name of the successful competitor will be opened at the annual meeting in May, 1856.

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Rhode Island Medical Society.—At the 44th annnal meeting on the 6th June last, the Fiske Fund prize of $50 was awarded to Dr. Albert Newman, of Attleboro', Mass., for the best dissertation on croup. A prize of $100 was also awarded to Dr. Edwin Lee, of London, for the best essay "On the influence of climate on tuberculous diseases."

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Naval Medical Board.—The Naval Medical Board for the Examination of Assistant Surgeons in the Navy for promotion, and of candidates for admission into the Navy, having concluded its duties, has been dissolved, and the following is the result:—

Assistant Surgeon Thos. B. Steele, to rank next below Passed Assistant Surgeon Edw. R. Squibb.

Assistant Surgeon A. Nelson Bell, next below Passed Assistant Surgeon John Ward.

Assistant Surgeon Charles Martin, next above Passed Assistant Surgeon F. M. Gunnell.

Assistant Surgeon Charles H. Williamson, next below Passed Assistant Surgeon S. Allen Engles.

Assistant Surgeon Edward Shippen, next after C. H. Williamson.

The candidates for admission who passed a satisfactory examination are as follows, arranged according to merit:—

No. 1. Albert L. Gihon, Pennsylvania.
" 2. John S. Ketchen, Pennsylvania.
" 3. John Vansant, Virginia.
" 4. James Laws, Pennsylvania.
" 5. Edward R. Denby, Virginia.
" 6. Wm. Johnson, Delaware.
" 7. Francis L. Galt, Virginia.
" 8. Stewart Kennedy, Pennsylvania.
" 9. Wm. M. Page, Virginia.
" 10. A. Clarkson Smith, Pennsylvania.

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College of Physicians and Surgeons, New York.—We regret to see it announced that Dr. J. R. Bartlett continues in ill health, and that he has been compelled thereby to resign the chair of Materia Medica in this school. He has been appointed Emeritus Professor. Prof. J. M. Smith, who has for many years ably filled the Chair of Practice, has been transferred to that of Materia Medica. Dr. A. Clark takes the chair of Pathology and Practice of Medicine, and Dr. J. C. Dalton, Jr., that of Physiology. Better appointments could scarcely have been made.

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The Jews' Hospital (New York).—A new hospital has been added to the list of institutions already in existence in this city; we refer to the Jews' Hospital, so called—having been planned and erected by the munificence and voluntary contributions of members of the Hebrew faith. The hospital is situated in 28th Street, between 7th and 8th Avenues, and can accommodate from 100 to 150 patients. It is built with all modern improvements, being excellently ventilated—with high rooms—hot air furnaces, and every convenience in the way of water and closet accommodations desirable. The house was opened on the 5th of June, for the reception of patients, and numerous applications have already been made. The following is the medical staff:—

Resident and Attending Physician—Dr. Mark Blumenthal.

Attending Surgeons—Drs. Israel Moses, Th. P. Markoe, and Alex. B. Mott.

Consulting Physicians—Drs. C. R. Gilman, W. Detmold, Wm. B. McCready, and W. Maxwell.

Consulting Surgeons—Drs. Valentine Mott, Willard Parker.—*N. Y. Journal of Medicine*, July, 1855.

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Philadelphia Hospital, Blockley.—Changes have recently been made in the medical staff of this Hospital. Dr. R. K. Smith has been elected chief resident medical officer; with the following medical board appointed to conduct clinical lectures:—

Surgeons—Drs. John Neill, H. H. Smith, R. P. Thomas, D. H. Agnew.

Physicians—Drs. J. B. Biddle, J. L. Ludlow, Jos. Carson, H. Hartshorne,

Accoucheurs—Drs. Wilson Jewell, Caspar Morris, R. A. F. Penrose.

This Institution affords extensive opportunities for clinical instruction, the number of inmates being usually about three thousand, and we trust that they will be used to the best advantage by the student.

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Pennsylvania College.—The regular course of lectures will commence on Monday, Oct. 8th, and be continued until 1st March. Clinical instruction will be given by Profs. BIDDLE and NEILL, at the Philadelphia Hospital, Blockley, during the entire term of the session, in conjunction with other members of the Medical Board of the Hospital. The students of Pennsylvania College—both first course and second course—will be furnished *gratuitously* with the ticket to the Philadelphia Hospital. Second-course students have the option of receiving gratuitously the ticket to the Pennsylvania Hospital. A clinic will also be held at the College, every Wednesday and Saturday morning throughout the session.

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OBITUARY RECORD.—Died, on the 15th of July, in the 69th year of his age, MOSES B. SMITH, M.D.

At a special meeting of the Northern Medical Association, held July 16, 1855, in reference to the death of Dr. M. B. Smith, the following preamble and resolutions were adopted:—

Whereas, It has been announced to the Association that our presiding officer, Dr. Moses B. Smith, "was called from works to rewards," on the morning of the 15th inst., and it appears fitting for us on this occasion to express our sentiments on account of the bereavement and our opinion of his high worth—therefore,

Resolved, That in the decease of our venerable and lamented President, Dr. M. B. Smith (who was one of the earliest members in our organization, and most assiduous in his attentions to the welfare of the Association in every respect), we have sustained an irreparable loss.

Resolved, That we most respectfully and sincerely tender our warmest sympathy to his family in their present affliction.

Resolved, That as a last token of our regard to his departed worth, we will attend the funeral to-morrow afternoon, in our associated character.

Resolved, That a copy of the above proceedings, signed by the Vice-President and Secretary, be sent to the family of the deceased.

Resolved, That a copy be also sent to the *editors of the Medical Examiner* and *Medical News, with the request to publish.*

JOHN RHEIN,
Vice-President.
J. HENRY SMALTZ,
Sec. pro tem.

FOREIGN INTELLIGENCE.

Alleged Cure of Cancer.—M. LANDOLFI, chief surgeon of the Neapolitan army, has of late attracted much attention in Italy and Germany, having seemingly cured cancer by means of the topical use of chloride of bromine, in combination with several other chlorides. This success has produced such sensation as to induce the Emperor of the French to give the author six beds at the Salpêtriere Hospital (where the insane and aged of the female sex are admitted), to afford him a fair opportunity of proving the efficacy of the remedy. This is the right, practical, and sensible way of dealing with such questions. We are in the meanwhile bound to state that *L'Union Médicale*, of May 1, 1855, contains a letter from M. Leriche, of Lyons, who says that he has strong doubts about the actual *bonâ fide* cancer having ever been cured by the above-named application, as he has steadily used the chloride of bromine for ten months, in various cases of cancer, without having succeeded in warding off the fatal issue of this formidable disease.

The formula of the paste used by M. Landolfi is the following: Chloride of bromine, three parts; chloride of zinc, two parts; chloride of antimony, one part; chloride of gold, one part; powder of liquorice, sufficient to make into a paste. The principal agent is the chloride of bromine, which has lately been used by itself. Cancers of the skin, the epithelial variety, lupus, &c., are treated by a combination of chloride of bromine with basilicon ointment. M. Landolfi's view is to change a malignant ulceration into a simple one. For this purpose he formerly left a piece of linen spread with the paste as long as a fortnight upon the part, but now he uses imbricated pieces of lint similarly spread, and leaves them only twenty-four hours. The surrounding parts are protected by an ointment composed of one drachm of chloroform to an ounce of axunge. The author considers that the chloride of bromine acts, not only topically, but that the specific is absorbed and aids the cure. Hence he gives, as an adjuvant, a certain number of pills which contain a minute proportion of the chloride. When the pledgets spread with the caustic paste are taken off, after the above-mentioned twenty-four hours, a line of demarcation is observed which separates the altered from the healthy tissues. Bread poultices are then applied, or else lettuce leaves, or basilicon ointment, which should be changed every three hours, until the eschar is thrown off, which event takes place from the eighth to the fifteenth day.

Numerous experiments have been made in Italy and Germany, and some successful cases have been recorded. It should be added, that there is much fairness about the proceedings; M. Landolfi does not choose the cases, is anxious to make the remedy extensively known, and publishes the unfavourable as well as the favourable results. The Committee appointed in Paris to report respecting the experiments at the Salpêtriere, is composed of the Physicians of the hospital, Drs. Moissenet, Cazalis, and Manec, assisted by MM. Mounier, Broca, and Furnari. This report will be an important document, as the diagnosis will no doubt be very carefully made; but the question of recurrence can only be solved by investigations spreading over several years.

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Cantharidine Ointment in Open Cancer.—"Dr. Remy strongly recommends an ointment consisting of 10 parts of powdered cantharides and 30 of lard. It is applied on charpie night and morning. It rapidly induces temporary cicatrization of even deep ulcers, and by its palliative employment cancers may be maintained within moderate limits for a long period of time, and the exhaustion of the powers of the patient so much delayed."—*Ibid.*

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Employment of Chloroform in the French Army of the East.—M. Mounier in a communication to the Imperial Academy of Sciences, states that during the six months he has officiated as chief medical officer at Hospital of *Dolmar-Bagtche*, at Constantinople, he has employed chloroform in several thousand cases, from the slightest to the most serious, and always without the production of any ill effects whatever. His apparatus is of the simplest, consisting of a paper cone, with a base wide enough to embrace both mouth and nostrils, the apex being cut across so as allow of the free ingress of air during inspiration. Here is in-inserted a little charpie, upon which are dropped 20 to 30 drops of chloroform. The patient is placed horizontally; and experience having shown that light and noise sensibly retard, where they do not even prevent, the action of the chloroform, the patient's eyes are bandaged, and the most strict silence is enjoined. The pulse, respiration, and duration of inhalation are carefully watched by an intelligent assistant. The cone is alternately brought for a few seconds in contact with the patient's face, and removed; and in proportion as the anæsthesia becomes declared, the apparatus is held nearer and longer to the face. The sensibility of the patient is judged of by pinching and interrogating him, and his silence is the signal for commencing the operation. If this lasts a long time, a second, or even a third dose is administered in the same intermittent manner. All the wounded brought to the Hospital from Alma and Inkermann were thus treated, without the least ill effects. M. Mounier believes there is no necessity to carry the inhalation to the extent of procuring the abolition of motion, and still less the sideration of the nervous system. Excitability of the muscular system, rarely observed, was, in place of trying to subdue it by new doses of chloroform, met by the removal of the apparatus, and in a few minutes the patient was found to be in a condition for the commencement of the operation.

"M. Mounier believes that the familiarizing them with the use of chloroform, and teaching them to operate on the dead body, are two benefits that he has conferred on the native pupils of the School of Medicine at Constantinople, being some among those that French Military Medicine will have left in the East."—*Med. Times and Gazette* (June 16th.)—From *Bull. de Thérap.* Tome XLVIII.

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Fixation of the Elbow-joint.—Mr. G. Y. Heath, in some clinical observations on a case of ununited fracture of the humerus with fixation of the elbow-joint in a straight position, made the following remarks on the latter condition:—

"The fixation of the elbow-joint did not arise here from anchylosis, as that term is usually understood; it belonged to a class of cases not unfrequently met with, but which do not appear to have attracted the special attention of surgeons. After a bruise or sprain of a joint, when the limb has been kept for some time in one position, or after a fracture, when for some reason the splints have been retained for an unusual length of time, it sometimes happens that the joint implicated, or in the case of fracture, that several joints became perfectly stiff, immovable by any effort of the patient, or by any gentle force applied by another. These cases fall into the hands of bone-setters, who gain great credit from them. After an examination of the part, the bone-setter will say: 'Oh, the cap of the joint is off, or the guide is out of its place; I must put it in for you;' and then he forcibly moves the joint in various directions, the movement being attended with one or more crackling sounds, plainly heard by the bystanders, and supposed to indicate the replacement of the displaced cap or guide. After this procedure the patient is able, sometimes immediately, sometimes after a short perseverance in passive motion, to move his limb freely. The practitioner who has been in charge of the case is blamed, whilst the bone-setter is considered a wonderful man. It is difficult to say what is the precise condition of the joint in these cases, as they do not often become the subject of post-mortem examinations. It is not to be supposed that any bony anchylosis exists here, nor indeed any very extensive fibrous union. In some cases where this condition succeeds a fracture, and the flexion of the joint is effected with but little force, it may be that the stiffness is owing merely to some change in the function of the synovial membrane, which no longer secretes its usual fluid, but has become dry and rough, and thus offers an obstacle to the bending of the joint. In other cases, where the joint has been the seat of pain, where considerable force is required to bend it, and where a distinct crackling noise is heard at the time this is effected, it seems most probable that some fibrinous deposit has accrued within or without the joint. Whichever of these opinions may be adopted, it is quite certain, from the results of an extended experience in these cases, that the proper treatment consists in cautiously but forcibly and completely flexing the joint. The limb should be kept at rest for a few days afterwards, and passive motion then employed. This treatment has been now adopted in a considerable number of cases with complete success, and without any bad consequence; as you have had an opportunity of observing, it was completely successful in the present instance. It is necessary to distinguish these cases from those where anchylosis results from severe inflammation, accompanied or not by suppuration.

Apparatus for Injecting the Bladder.—A very ingenious and convenient instrument employed by Mr. Collingwood is described in the *Med. Times and Gazette*, (June 16th, 1855.) "It consists of a piece of elastic tubing, the size of a quill, and about four feet long, to one end of which a little India-rubber funnel is attached, its opposite end terminating in a widened opening. The latter is fitted over the end of the catheter, which it grasps tightly, accommodating itself to any size. When all is ready, the funnel end is held up at arm's length, and water is simply poured in from a jug. The pressure of the column of fluid suffices to fill the bladder, without the least shaking of the catheter, or other inconvenience. If it is wished to empty the bladder again, all that is necessary is to let the funnel fall into a proper utensil. Besides those just mentioned, the apparatus has great advantages in simplicity, cheapness, portability, etc., over the syringe, and might well take the place of the latter in lithotrity cases. It may easily be carried in the waistcoat pocket, and there is nothing in it likely to excite the fears of the most timid patient. It possesses a further merit of being easily convertible to other uses than that for which it was originally intended; as for instance, in evacuating the female bladder; if the tube be fitted to the end of the catheter, the urine may be conveyed away by the flexible tube, without any need for introducing the utensil into the bed."

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Atheromatous Tumours of Scalp—Evulsion.—Mr. Erichsen lately made some very useful clinical remarks at University College Hospital previous to an operation of removing a series of sebaceous growths from under the skin of the head, in a young woman who had been some weeks under treatment. The surgical class were particularly struck with the microscopic characters of these tumours and their contents, appearances so nearly allied to those of the disease termed "molluscum," or enlarged sebaceous follicles in other parts of the body.

Mr. Erichsen confined his remarks to those found on the head, or in the hairy scalp, varying often, as in the present case, from the size of a pea to that of a walnut, and essentially consisting of a diseased sebaceous follicle, lined inside by tesselated epithelium, and containing ordinary atheromatous matter, so like scraped Parmesan cheese, or "pap" of bread, as the term atheroma itself signifies. Large quantities of cholesterine were also observable, as well as a darkish-coloured fluid in the older ones—a sign, Mr. Erichsen remarked, of disintegration not unfrequently followed by ulceration. This sort of bad fungous ulcer on the head may be readily mistaken, when seen for the first time, for a malignant growth, if care be not taken to inquire into the history of the case, or other "wens" not looked for. The mode of removal of these tumours before ulcerating is very simple. A single incision is made across the wen or cyst, and then, with a strong drag of a forceps, a sort of evulsion is practised, the entire growth coming out like an almond from its husk or shell. They are found also under the eyelid, and are made worse by any practice but one—namely, passing a small probe through them on the conjunctival surface, and stirring up the contents with the probe dipped in nitric acid. As a matter of minor surgery, a sort of study of "common things," too often neglected in practice, Mr. E. showed how the tumours were removed, by practising evulsion on five or six in as many minutes.

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Connection between Rheumatism, Endocarditis, and Chorea.—This subject Mr. Johnston remarks, has of late years engaged the attention of some of our most eminent modern practitioners. There is still, however, considerable difference of opinion as to the relation the above diseases bear to each other. . . . Three chief explanations have been offered of it. It has been said, first, that when chorea supervenes, there is a marked disposition of the rheumatic affection to recede from the joints, and attack the internal fibro-serous membranes, and that, therefore, when we have chorea as a complication, we might infer the existence of the inflamed spinal theca. This theory might appear to receive some support from the case narrated to the Belfast Pathological Society, inasmuch as the joints were not so acutely affected as is usual, and the severity of the spasms causing even opisthotonos, led to the suspicion of the spinal cord being considerably engaged. The second theory is that the cardiac affection may operate as an excentric cause, producing irritation of the afferent nerves, and upon the principle of the reflex function, thus originate the irregular movements. The third and latest view regarding chorea as a blood-disease, looks upon the association of rheumatism, cardiac complication, and chorea, as owing to these maladies, being the concomitant effects of the same cause—namely, the specific disorder of the circulating fluid.—*Transactions of Belfast Pathological Society.*

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Abortive Treatment of Coryza—"M. Yvonneau states that during several years he has always succeeded in arresting idiopathic coryza within twenty-four hours, by the simple expedient of occluding the nostrils. He spreads gold-beaters' skin with collodion, cutting it into strips, and so applies it as to entirely close the external apertures. The person can go out, and, were it not for the alteration of voice, the application would not be noticed by others. The irritated membrane is thus protected from the cold atmosphere, and is kept in contact with a moist, tepid air only."—*Ibid.*, *Rev. Med.*

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Mortality of Medical Men.—In a memoir read before the Physico-Medical Society of Wurzberg, by Dr. Eschschricht, are contained some remarks on the variation of the average duration of life in the different professions. From the statistics drawn up in Bavaria, and which coincide with what Casper had already proved, it appears that among the members of the medical profession the highest rate of mortality exists. Three-fourths of the medical men die before the age of 50, and ten-elevenths before 60. Of 1,688 medical men in Bavaria in 1852, four only had passed the age of 80; and of these four none had devoted themselves to the practice of medicine exclusively. The united ages of the oldest ten physicians amounted to 792; while the united ages of the oldest ten in each of the other liberal professions presented the following numbers: Roman Catholic priests, 878 years; professors in the schools, 875 years; Protestant ministers, 865; lawyers, 885 years.—*Association Medical Journal*, April 27, 1855, from *Bulletin de Thérapeutique.*

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Death after Treatment of Cancer with Arsenic.—The following particulars show with what impunity quackery is countenanced in England; how little store is set upon human life, whilst those who hazard it unjustifiably meet with protection rather than punishment:—

J. L. Ward was tried before Baron Alderson, at the Winter Assizes, York, Dec.

1854, charged with the manslaughter of Mrs. Lambert, at Bradford.

It appeared that the prisoner was a quack doctor, carrying on business in Wellington street, Leeds, and professing to cure cancer and similar disorders without the use of the knife. The deceased, having an incipient cancer, applied for advice to the prisoner, who attended her for twenty-eight weeks, when she died; upon which an inquiry took place before the coroner, and a verdict of manslaughter against the prisoner was returned.

William Lambert said—The deceased was my wife. In December, 1853, she complained of a slight pain in the breast. Dr. Field attended her, and my wife declined having it cut. About the second week after Christmas we went to Leeds, to the prisoner's house, where on the door, was a plate, "James Lawrence Ward, Curer of Cancer without the use of a Knife." She showed the prisoner her breast, and he said, "It is a cancer." I asked if he could cure it, and he replied that he could. I said I would publish it in the papers if he did. He brought out a small bottle, with a white powder, which he put on a marble slab; then he put some black liquid from another bottle, and mixed them together, and applied the liquid to my wife's breast with a feather. It appeared to give her pain, as if it singed her, and as if it burnt her breast. He put a plaster on, and I paid him five shillings. We then left, and the week following she went to the prisoner again, and returned with a box of salve and pills. The third week we went again, and the prisoner put some white powder on the breast with some lint. This also gave her great pain. The prisoner said that she was going on very well. About this time her appetite failed, and she wasted away. We went to the prisoner for twenty-eight consecutive weeks, and paid five shillings each visit. The prisoner put on the liquid till it ate away the nipple and part of the breast, and the lump she complained of came away also. We then thought all was well, but the sore got worse. The prisoner then said he thought there was another cancer under the old sore. We went for seven weeks after the part of the breast had come away, and then a large lump arose which also came away, and then the prisoner said that he thought all would be right, but she got worse. I went to Dr. Field's for advice about a month before she died, which took place on the 4th of August last.

Medical evidence was given, to the effect that the treatment described was improper and dangerous to life.

His Lordship said that, in his opinion, the treatment of the deceased must be so extravagantly wrong as to amount to *mala fides;* but it was a question for the jury to decide upon.

Mr. Overend then addressed the jury for the prisoner, and contended that the prisoner could not be convicted, unless it could be shown that he was either grossly or wilfully ignorant. Physicians and surgeons had given opinions upon speculations which had been formed upon the treatment which the deceased had received from the prisoner, for they were totally in the dark as to what had been applied. The medical men themselves differed completely upon the mode of treating cancer, and the result was that if Mr. Hey was right in his opinion, Mr. Field ought to be convicted of manslaughter. There was nothing to show that the prisoner had been guilty of gross ignorance, and he had used his best skill for the poor woman, who had refused to have the knife used upon her. Before they could convict the prisoner, they must be satisfied—first, that the prisoner had employed improper remedies; and secondly, that he was guilty of gross negligence or gross ignorance, which had not been established.

His Lordship, in summing up, said, that in order to substantiate the charge against the prisoner, it must be shown that he was guilty of such gross negligence, want of care, or ignorance, that he could not be said to be acting in good faith. The criminal law was not the mode of deciding doubtful points of medical law, and there was a remedy by action at law for want of skill; but when you endeavour to punish a medical man criminally, you must have as your criterion whether he acted *bonâ fide.* If juries acted otherwise, they would have no scientific experiments made, which would be a great injury to the community; and consequently the rule should be very wide for the benefit of the medical profession themselves!!

The jury immediately returned a verdict of Not Guilty.

His Lordship then told the prisoner that after the medical testimony he had heard, he had better take care how he pursued his practice.—*B. and F. Med.-Chirurg. Review,* July, 1855.

THE MEDICAL NEWS AND LIBRARY.

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BROWN ON SURGICAL DISEASES OF WOMEN, TWENTY PAGES.

CLINICS.

Statistical Report of the Principal Operations performed in the London Hospitals, during the month of April, 1855.

Lithotomy.—Number of cases, 3; recovered, 1; under treatment, 2.

Case 1.—A man, aged 20, under the care of Mr. Lloyd, in St. Bartholomew's Hospital. The recto-urethral operation was performed, and a stone of considerable size removed. Doing well. *Case* 2.—A boy, aged 3, under the care of Mr. Lloyd, in St. Bartholomew's Hospital. In this case, also, the recto urethral method was adopted. Doing well. *Case* 3.—A boy, aged 9, under the care of Mr. James Lane in St. Mary's Hospital. A small mulberry calculus was removed by the usual lateral operation. Recovered.

Lithotrity.—A man, aged 28, asthmatic, and a bad subject for an operation, is under Mr. Hilton's care, in Guy's Hospital, with stone in the bladder. His symptoms dated three years back, and he had suffered severely. The bladder is very irritable, much contracted, and has never been got to hold more than four ounces at a time. Two lithotrity operations have been performed, and numerous fragments have come away. Considerable irritation has been caused, but on the whole the man is doing well.

Ligature of Arteries.—Mr. Stanley's patient, in whom ligature of the femoral had been practised for popliteal aneurism, has been discharged. He is well in every respect, excepting that a collection of fluid of doubtful nature still remains in the aneurismal sac, and appears to be absorbing very slowly. He has for some time been allowed to take exercise. Mr. Cock's patient, in whom a like operation had been performed, has been discharged, under almost similar circumstances. The fluid in the sac was, however, diminishing more rapidly than in Mr. Stanley's case.

Case 1.—A muscular drayman, aged 28, was admitted into St. Bartholomew's Hospital, under the care of Mr. M'Whinnie, having had his left leg severely crushed between his dray and a gate-post. The whole limb below the knee was swollen, tense, and cold, and the swelling was said to have commenced immediately after the accident.

Published monthly by BLANCHARD & LEA, Philadelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage to the subscriber.*

☞ *In no case will this work be sent unless the money is paid in advance.*

Four hours after admission the swelling had much increased, more especially in the popliteal space. As no pulsation had been detected in either tibial artery, it was now deemed probable that rupture of the main trunk had occurred, and Mr. M'Whinnie accordingly determined to cut down into the popliteal space and examine. The popliteal and anterior tibial arteries were found on exposure to be uninjured; but the dissection being continued downwards, it was ascertained that the posterior tibial, about an inch from its origin, was collapsed and pulseless. No laceration was discovered at the time; but, as it was thought certain it must exist, two ligatures were applied, one below and one above the spot where pulsation ceased. No bleeding occurred after the operation, but the patient sank, became delirious, and death took place on the day following. At the *post-mortem* there was found, as had been suspected, a laceration in the posterior tibial artery, just below the spot where the ligature had been applied. All the other vessels were sound. *Case* 2.—A man, aged 25, admitted into Guy's Hospital, under the care of Mr. Callaway, having injured his forearm by the bursting of a soda-water bottle. There had been profuse arterial hemorrhage from a wound just above the wrist. Mr. Callaway cut down upon and tied the radial artery at two parts, above and below a transverse injury, which had nearly divided its trunk. After this had been done, there seemed to be still bleeding from a branch near to the radial, supposed to be the superficialis volæ. This also was tied, and the bleeding then ceased. No tendons had been injured in the accident. The wound healed kindly.

Herniotomy.—Number of cases, 6; recovered, 2; under treatment, 3; died, 1

Recoveries.—*Case* 1.—A man, aged 53, under the care of Mr. Hilton, in Guy's Hospital, with a large inguinal hernia, which had been strangulated eight hours. It was found necessary to open the sac, but the stricture seemed to have been caused by a portion of the fascia propria. A large mass of omentum and a small coil of intestine occupied the sac; the latter was returned unseen. After the operation, the man had acute inflammation of the sac, and also some peritonitis. Under treatment, however, by calomel and opium, he made a good recovery. *Case* 2.—A woman, aged 40, under the care of Mr. Quain, in University College Hospital, hernia femoral, of very small size; strangulated two days; symptoms not very acute. The sac was not opened. Recovered. *Case* 3.—A woman, aged 33, under the care of Mr. Erichsen, in University College Hospital. Hernia femoral; strangulated seven hours; sac not opened. Recovered. Under Treatment.—*Case* 4.—A woman, aged 28, under the care of Mr. Spencer Smith, in St. Mary's Hospital, the subject of femoral hernia for six years. At the time of admission the protrusion had been down twelve hours, and there had been vomiting during that time. The bowels had, however, acted that morning under the influence of a dose of castor oil. Attempts at taxis proving ineffectual, the operation was at once performed. The sac having been opened, a knuckle of much congested intestine was brought into view. On the division of Gimbernat's ligament an artery of some size was wounded, and it became necessary to apply a ligature to it. There were the symptoms of sharp peritonitis after the operation, but they subsided under treatment, and the patient is now doing well. *Case* 5.—A woman, aged 42, under the care of Mr. Ure, in St. Mary's Hospital, for years the subject of reducible femoral hernia. Strangulation had existed about nine hours at the time of the operation. Sac opened. An abscess formed after the operation above the posterior part of the crest of the ilium. Doing well. Deaths.—*Case* 6.—A woman, aged 57, under the care of Mr. Birkett, in Guy's Hospital. Hernia femoral; strangulated fifty-seven hours; sac opened. The bowel was actually inflamed, and almost gangrenous; but not so hopeless but that reduction was deemed warrantable. On the fourth day a fæcal fistula formed, and death from exhaustion resulted on the fourteenth. No autopsy was permitted.

Amputations.—Of the Thigh.—Under treatment.—*Case* 1.—A man, aged 25, under the care of Mr. Hilton, in Guy's Hospital, on account of necrosis of the tibia and disease of the knee-joint. He was the subject, also, of diseased hip, on the same side. His health was bad, and there were signs either of pneumonia or tubercular consolidation of a portion of one lung. He had been in the hospital for nearly nine months; and, as the disease in the knee seemed to be rapidly exhausting him, it was thought best to remove the limb. The amputation was performed through the middle of the thigh. On the tenth day secondary hemorrhage occurred, and the stump had to be laid open, and a second ligature applied to the femoral artery, in which vessel an ulcerated opening was found. The case is now doing well. *Case* 2.—A woman, aged 23, under Mr. Hilton's care, in Guy's Hospital, on account of anchylosis of the knee-joint. The disease had existed for eighteen months, and had much reduced her health. Amputation by double flaps through the thigh. Doing well. *Case* 3.—A strumous boy, aged 3, under Mr. Hilton's care, in Guy's Hospital, with necrosis of the tibia and anchylosis of the knee-joint. Amputation through the thigh. Doing well. *Case* 4.—A boy, aged 12, weak and much emaciated, under the care of Mr. Gowland, in the London Hospital, on account of necrosis of the tibia and disease of the knee-joint. Flap amputation in the lower third was performed. Doing well. *Case* 5.—A man, aged 56, under the care of Mr. Hancock, in Charing-Cross Hospital, on account of diseased knee-joint and abscesses in the leg. His state of health at the time of the amputation was very bad, but he has borne it well, and is now progressing favourably. Deaths.—*Case* 6.—A man, aged 57, under the care of Mr. M'Whinnie, in St. Bartholomew's Hospital, for gangrene in consequence of a severe crush of the leg. He was only admitted on the fourth day, when the mortification had already extended high up, and his state was extremely critical. Death followed twelve hours after the amputation. *Case* 7.—A man, aged 60, of very intemperate habits, was admitted into St. Mary's Hospital, under the care of Mr. Ure, having sustained a compound fracture of the femur in its lower third, with extensive laceration of the soft parts. He was intoxicated at the time of the accident, which had occurred six or seven hours previous to his admission. Primary amputation was performed. Gangrene afterwards attacked the stump, and death occurred on the fifth day.

Of the Leg.—Under treatment.—*Case* 8.—A man, aged 44, under the care of Mr. Cock, in Guy's Hospital, on account of old standing disease of the tarsus, for which several operations had been previously performed. He had been two years in the hospital, and, as the processes of repair proceeded very slowly, it was at length thought necessary to amputate. A double flap operation was performed in the middle third of the leg, the flaps being cut from without inwards. The tibia was found to have undergone extreme induration, its cancellous tissue having been replaced by bone almost as hard as ivory. The stump has done well, and is now healed, excepting a single sinus, which depends upon a portion of bone which is dead, and will have to exfoliate.

Of the Upper Extremity.—Recovered.—*Case* 9.—A healthy lad, aged 20, under the care of Mr. Fergusson, in King's College Hospital, on account of extensive laceration of the hand by machinery. An attempt was made to save it, but gangrene came on, and it was necessary to amputate through the forearm on the third day. Doing well. *Case* 10.—A labourer from the country was admitted into Guy's Hospital, under the care of Mr. Birkett, his right hand and wrist having been crushed in the wheels of a threshing machine. Primary amputation was performed. The stump healed by granulation, and was sound in about three weeks.

Of the Foot.—Death.—*Case* 11.—A sallow-complexioned man, aged 27, under the care of Mr. Fergusson, in King's College Hospital, on account of caries of the tarsal bones, the result of an injury. Amputation at the ankle-joint was performed. After the operation, extreme irritability of the stomach came, and violent sickness continued unchecked nearly to the time of death, which took place on the sixth day. The flap would probably have sloughed, Under treatment.—A man, aged 56, under the care of Mr. Cock, in Guy's Hospital, on account of disease of the ankle-joint of one year's standing. The skin over the heel was so much diseased, that the ordinary flap, in amputation at the ankle-joint, could not be obtained; Mr. Cock therefore dissected up the skin very freely from the front and outer part of the articulation. The lower surface of the tibia and the head of the fibula were sawn away. Considerable portions of the flaps sloughed, and the stump was, for the first week, in a very unhealthy condition; it has latterly, however, much improved, and it is hoped the result may yet be good.

Excision of Bones and Joints.—Several cases mentioned in previous reports remain under care. Mr. Statham's patient in the case of excision of the knee-joint, performed about nine months ago, has been discharged from the hospital. The sinuses are mostly healed, but she is still very weak, and unable to sit up. During the month the following have been performed: *Case* 1.—A strumous woman, aged 27, under the care of Mr. Fergusson, in King's College Hospital, on account of diseased elbow-joint. A complete excision of the articulation was performed, the H-shaped incision being adopted. Doing well. *Case* 3.—A strumous child, aged 7, under the care of Mr. Hilton, in Guy's Hospital, on account of disease of the os calcis and astragalus. The os calsis was not actually necrosed, but was so extensively diseased that it became necessary to remove the whole of it. A semilunar flap was dissected up from the outer side of the heel, and the os calcis, thus exposed, was cut in two by bone forceps. The periosteum, where it adhered, was next carefully detached by the handle of the knife, and the two halves of the bone were easily removed. The under surface of the astragalus being carious was gouged out. Hitherto the case promises well. It is hoped that, as the periosteum was carefully preserved, there may be a considerable production of new bone. *Case* 3.—A woman, aged 25, under the care of Mr. Hilton, in Guy's Hospital, on account of diseased os calcis. The skin was dissected up over the affected spot, and the gouge freely applied. The wound has healed, excepting a single fistula, which, it is feared, leads to bone yet in a state of disease; the inflammation not improbably involving the articulation between the astragalus and os calcis. *Case* 4.—An unhealthy man, aged 32, under the care of Mr. Stanley, for disease of the carpal bones. A semilunar flap was dissected up from the back of the hand, and most of the carpal bones, loosened and in a state of caries, taken out. Doing well. *Case* 5.—A man, aged 52, under the care of Mr. Paget, in St. Bartholomew's Hospital, on account of old standing disease of the os calcis. In another hospital five operations with the gouge, trephine, etc., had been performed, but the remaining portion of bone still continued the diseased action. Mr. Paget excised all that remained of the affected bone, and afterwards divided the tendo-Achillis (subcutaneously) in order the better to permit of apposition. The wound made was, from the chronic thickening of the parts, etc. necessarily very large; but it progressed well, and the result seems likely to be favourable. *Case* 6.—A healthy man, aged 31, under the care of Mr. Fergusson, in King's College Hospital, on account of a tumour in the left side and front of the lower jaw. It was necessary to excise the bone from the anterior edge of the left masseter as far forwards as the canine tooth on the right side. The disease had been increasing for three years. On dissection, the bone was found occupied by cysts filled with gelatinous fluid, its external layer having been expanded until as thin as parchment. The patient has done well since the operation. *Case* 7.—A man, aged 55, under the care of Mr. Birkett, in Guy's Hospital, having suffered from carious disease within the head of the tibia for five months. The gouge was employed, and some softened cancellous bone infiltrated with pus was removed. The cavity seems to be filling up.

Removal of Necrosed Bone.—Many cases of this class of operations remain under care in the different hospitals. In some, further operative measures will be required at a future time; others are likely to recover without.

The following have been performed during the month: *Case* 1.—A boy, aged 11, under care in Guy's for necrosis of the right tibia. The disease had existed for three years. Mr. Hilton removed a very large sequestrum, and it is believed all the affected portion. The wound has since been attacked by erysipelas, but is now healing. *Case* 2.—A lad, aged 17, under Mr. Lane's care in St. Mary's Hospital, having twice before had necrosed bone removed from the humerus. A third operation has been performed. Doing well. *Case* 3.—A man, aged 38, under the care of Mr. Adams, in the London Hospital. He was in good health when admitted, but for twenty-eight years had suffered from an ulcer in front of the left tibia which depended upon diseased bone. The tibia was much thickened about the part. Two attacks of mild hospital gangrene affected the wound, and caused delay of the operation. The tendency to phagedæna having, however, quite ceased, Mr. Adams proceeded to the removal of the necrosed portions. This was effected successfully, though not without some difficulty on account of the great thickness and density of the bone by which they were encased. Under treatment. *Case* 4.—A girl, aged 19, under the care of Mr. Birkett, in Guy's Hospital, on account of necrosis of a small part of the shaft of the ulna. The disease had existed four months. Erysipelas attacked the wound a few days after the removal of the sequestrum had been performed. Recovered.

Excision of Malignant Growths.—*Case* 1.—A man, aged 72, under Mr. Cock's care in Guy's Hospital, on account of a returned epithelial cancer of the lip. In November last Mr. Cock removed by a horizontal incision a superficial cancerous ulcer from the same spot. It had been necessary also to apply the actual cautery to several other growths of threatening character on the tongue and mucous lining of the cheek. Mr. Cock on the present occasion excised the returned disease in the lip freely by the V-shaped incision. Recovered. *Case* 2.—A woman, aged 36, married, and the mother of a large family, under the care of Mr. Birkett, in Guy's Hospital, on account of infiltrated cancer of the right breast. The entire gland was excised. Erysipelas followed the operation, but it subsided under treatment, and the wound is now healed. *Case* 3 —A woman, aged 37, under the care of Mr. Lane in St. Mary's Hospital, for a tumour of the parotid the size of an orange. There was no history of hereditary tendency to cancer. The disease was said to have commenced as a small pea-sized mass about fifteen years ago, and had remained nearly stationary until within the last four months, during which it had been rapidly increasing. Mr. Lane excised the whole, and on cutting through the mass, it was found to be of encephaloid character in parts. The wound was affected by erysipelas after the operation, but subsequently it healed well. No paralysis of the face was caused.

See also "Excision of the Testis," and "Amputation of the Penis."

Excision of the Testis.—A cachectic man, aged 51, under the care of Mr. Fergusson, in King's College Hospital. The left testis was enlarged to the size of a small cocoa-nut. After excision the disease proved, as expected, to be medullary cancer. Recovered.

Amputation of the Penis.—A man, aged 46, in good health, under the care of Mr. Hilton in Guy's Hospital, on account of epithelial cancer affecting both the prepuce and glans. The disease was of five months' standing. Mr. Hilton amputated the penis by transfixing its body just above the urethra, cutting through the copora cavernosa, and then dissecting out the urethra and dividing it half an inch further forward than the first incision. The result has been very good, and the man has not experienced any difficulty in the escape of the urine.

Excision of Non-Malignant Tumours.—*Case* 1.—A boy, aged 9, under the care of Mr. Cock, on account of a pedunculated encysted tumour in the umbilicus. The tumour was of congenital origin, and had attained the size of a marble. It had been mistaken for a hernia, and a truss had been ordered. Mr. Cock at once cut it away. Its contents consisted of sebaceous matter. *Case* 2.—A woman, aged 24, under the care of Mr. Birkett in Guy's Hospital, on account of a mammary glandular tumour of four years' growth. The mass was about the size of half an egg, and quite circumscribed. Enucleation was performed. Recovered. *Case* 3.—A healthy woman, aged 23, under the care of Mr. Fergusson, in King's College Hospital, on account of an elastic painless tumour in the left lobe of the thyroid gland. Excision was performed. It proved to be a cyst filled with thick serous fluid, and attached to the capsule of the gland. Recovered. *Case* 4.—A woman, aged 28, under the care of Mr. Lane in St. Mary's Hospital, on account of a much enlarged and almost solid bursa over the patella. It was excised, and all went on well until the wound was almost healed, when suddenly the patient became affected with extreme mental depression, avowed her conviction that she should not recover, sank into low fever, and in the course of a few days died. *Case* 5.—A healthy man, under Mr. Llyod's care, in St. Bartholomew's, for a large fatty tumour in the side. Excision. Recovery.

Operations for Exostosis.—*Case* 1.—A woman, aged 28, under the care of Mr. Cock, in Guy's Hospital, on account of what was considered to be a hard epulis, growing from the left side of the lower jaw. It was of six years' duration, and about the size of half a small walnut. Mr. Cock cut it freely away to a level of the jaw, and took out the stumps of two dead teeth, which were found in its base. Its structure was that of hardish bone, its formation having, no doubt, been caused by the irritation of the decayed teeth. The latter had been completely encapsuled by the growth. *Case* 2.—A man, aged 19, under the care of Mr. Hilton, in Guy's Hospital, on account of an exostosis, the size of a small walnut, growing from the inner side of the right femur, just above the knee-joint. Great care was necessary to avoid injury to the joint. The lowest edge of the vastus internus lay over the growth. Mr. Hilton divided the skin, muscle, etc., by a single incision, and with bone forceps cut through the base of the tumour. The wound has since been affected with unhealthy suppuration, but the case is otherwise doing well.

Ligature of Nævus, etc.—In four cases under the care, respectively, of Messrs. Fergusson, Erichsen, Cock, and Hilton, the usual operations by ligature, for small nævi on the scalp, have been successfully performed.

Operations for Urethral Stricture.—An intemperate man, aged 37, under the care of Mr. Partridge, in King's College Hospital, on account of stricture of the urethra, and perineal fistulæ. The stricture was of old standing, and had followed gonorrhœa. Mr. Partridge performed perineal section of the diseased tract in the usual way. Under treatment.

Tracheotomy.—A child, aged 3½ years, was admitted under the care of Mr. Birkett, into Guy's Hospital, having attempted to drink boiling water from the spout of a kettle. The trachea was opened, on account of very distressing dyspnœa, about seven hours after the accident. During the operation, the child all but died from suffocation. During the following week it progressed very favourably, and appeared to be quite out of danger, when rather suddenly the signs of inflammation of the lungs set in. Death occurred on the fourteenth day. The *post-mortem* showed acute pneumonia.

Plastic Operations.—*Hare-lip.*—Two cases, under the care of Mr. Furgusson, in King's College Hospital, the patients aged respectively 4 years and 6 months; one under that of Mr. Erichsen, in University College Hospital, aged 6 years; one under that of Mr. Cock, in Guy's, aged 6 months; and one under that of Mr. Hilton, in Guy's, aged 5 months, all examples of the single deformity, have been operated on in the usual way. In all, the success has been complete. In one case of double hare-lip, under Mr. Erichsen's care, in an infant aged 10 months, the usual operation has also been successfully performed. Mr. Erichsen did not, in either of the cases under his care, employ pins, using sutures only. *Taliacotian.*—A case is under the care of Mr. Henry Thompson, in the Marylebone Infirmary, in which a new nose has been made by transplantation from the skin of the forehead. The result promises to be very good. The columna is to be made in the course of a few weeks. *The Closure of Urethral Fistula.*—In a case under the care of Mr. Erichsen, in University College, in which a fistulous opening into the penile urethra had remained after a sloughing chancre, a plastic operation has been performed for its closure. No success has, however, attended it, and it is proposed to operate again shortly.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Massachusetts General Hospital.—Our cotemporary, the *Boston Medical and Surgical Journal*, announces the resignation of Dr. Jacob Bigelow as one of the physicians to this hospital, the duties of which he has ably performed for nineteen years. Dr. Bigelow ranks among the most eminent physicians of our country for extensive learning, refined and cultivated tastes, and high moral worth. He has earned, by the long and conscientious performance of his duties, a just claim to repose, and we trust that he may long live to enjoy the honours and respect which is his due.

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Health of New Orleans.—The 25th of July has arrived, and we find ourselves again called on to render an account of the doings of disease in our city during the past month. Our last report was anything but a flattering one, and we had hoped to be able, this time, to present our readers a more agreeable picture. To some extent these hopes have been realized, though there is nothing in our existing condition which can be construed into cause for self-gratulation. Our last report showed us to be just emerging from an epidemic of cholera, which had, in a few short weeks, killed near eight hundred of our citizens, in addition to a large mortality by other diseases. Since the issue of that report, the number of deaths by this disease have gradually declined, until it has almost disappeared—there being but eight deaths reported for the week ending July 22. In our last issue, however, we announced the appearance of yellow fever here by reports of ten undoubted cases which had been seen in the Charity Hospital. Since that time the disease has steadily increased, until, for the week ending July 22, we notice 119 deaths from yellow fever alone. Up to the present time the total number of deaths by this disease reported is 201—to July 1, 6; for week ending July 8, 32; for week ending 15th, 44; and for week ending 22d, 119.—*New Orleans Medical News and Hospital Gazette*, August 1, 1855.

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Yellow Fever at Portsmouth and Norfolk.—Yellow fever, of a very malignant type, made its appearance at Portsmouth, Virginia, about the 1st of July; it soon extended to Norfolk, and has continued up to the present time to commit the most distressing ravages in these unfortunate cities.

—

Ovariotomy.—Dr. Willard Parker has recently operated with success for the removal of an encysted ovarian tumour of large size; patient otherwise healthy; 23 years of age. For several days after the operation, patient was kept under the influence of opium.—*N. Y. Med. Times*, July.

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New American Medical Works.—We are pleased to see evidences of increasing activity in the medical literature of this country, which is rapidly assuming the importance to which it is entitled. Messrs. Blanchard & Lea have now ready for publication Dr. La Roche's anxiously expected work on "Yellow Fever," in two handsome octavo volumes; and a new text-book on Practice, "The Elements of Medicine," by Prof. S. H. Dickson, M. D., of Charleston, S C. We also learn that the same house have in preparation for early publication, an "Introduction to Practical Pharmacy," by Prof. Parrish. of the Academy of Medicine; a new Dissector, entitled, "The Practical Anatomist," by Prof. J. M. Allen, M. D., of the Pennsylvania Medical College; an elaborate treatise on "The Principles and Practice of Physical Exploration," by Prof. Austin Flint, of Louisville; and a work on "Human Histology," by Prof. Peaslee, of Dartmouth. Prof. Gross, of Louisville, we understand, is actively engaged in the preparation of his work on Surgery, which we doubt not will do credit to the literature of the country; and Prof. Stille, of this city, we hope, ere long, will favour us with his treatise on "General and Special Therapeutics."

Among Messrs. Blanchard & Lea's reprints we observe as now ready Rokitansky's "Pathological Anatomy," complete in two portly octavos; Mackenzie on the Eye, with Dr. Hewson's Annotations, in a large octavo of a thousand pages; Hoblyn's "Medical Dictionary," thoroughly revised and enlarged by Dr. Hays; and Tanner's "Manual of Clinical Medicine." We also learn that there will be shortly forthcoming, Lehmann's "Physiological Chemistry," in two large octavo volumes, under the editorial care of Prof. Rogers, of the University of Pennsylvania; Barlow's "Manual of the Principles and Practice of Medicine;" and Carpenter's long promised work on the Microscope.

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The Beale Case.—In a notice of this case in the *Association Medical Journal*, May 11, 1855, the editor remarks: "The case has excited great attention in America; and since the trial has taken place, the opinion has gained ground that the verdict of the jury was not justified by the evidence presented. After a careful perusal of the documents, we have come to the same conclusion." Again he remarks: "We think it in the highest degree probable that she mistook for actual occurrences the heated fancies of her narcotized brain."

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Albany Medical College.—At the commencement, on the 13th of June, the degree of M. D. was conferred on forty students.

—

Obituary Record.—It is with feelings of the deepest regret that we record the loss which the medical profession of this country has sustained, during the past month, by the death of Drs. Elisha Bartlett, of Rhode Island, and of Moreton Stille, of Philadelphia.

Dr. Bartlett died at Smithfield, R. I., on the 18th of July, after a long illness; and, though only fifty-one years of age, had secured, both as an author and a lecturer, a reputation which might satisfy the most ambitious, while his social virtues endeared him to a large circle of friends who will long cherish his memory.

We cannot deny ourselves the gratification of quoting the following concluding remarks from a just and feeling notice in the *Boston Medical and Surgical Journal*, by his friend, Dr. O. W. Holmes:—

"Everywhere through his writing prevails that easy flow of language, that felicity of expression, that florid warmth when occasion offers, which commonly marks the prose of those who are born poets. Yet few suspected him of giving utterance in rhythmical shape to his thoughts or feelings. It was only when his failing limbs could bear him no longer, as conscious existence slowly retreated from their palsied nerves, that he revealed himself freely in this truest and tenderest form of expression. We knew that he was dying by slow degrees, and we heard from him from time to time, or saw him, always serene and always hopeful while hope could have a place in his earthly future. His work was done, done nobly and gracefully, the work of an honest citizen, of a revered teacher, of a wise thinker. When to the friends he had loved, there came as a farewell gift not a last effort of the learning and wisdom they had been taught to expect from him, but a little book with a few songs in it, songs with his whole warm heart in them, they knew that his hour was come, and their tears fell fast as they read the loving thoughts that he had clothed in words of natural beauty and melody. The cluster of evening primroses had opened, and the night was close at hand.

"No brief tribute like this can do more than show the feelings which its subject inspired in those who knew him. He has left this earthly scene of his labours too early for friendship and for science, not for himself, ripe in every virtue and ready for wider spheres of knowledge; one of the 'pure in heart,' who look on the unveiled face of truth during their earthly pilgrimage, and who have the promise that they shall 'see God' himself when they have reached its close."

Dr. Moreton Stille died on the 20th of August, after a short illness, at the early age of 32 years.

Dr. Stille had secured the respect and affection of all his professional brethren by his extensive acquirements, his studious habits, and the purity of his character.

During the last two years Dr. Stille has been arduously engaged in preparing a work on Medical Jurisprudence in conjunction with F. Wharton, Esq., which is now complete. The unremitting labour bestowed on this work, and that devoted to the preparation of a course of lectures on the Theory and Practice of Medicine, which he was this year appointed to deliver in the Philadelphia Association for Medical Instruction, tended to break down his health, and the profession has thus been deprived of one who had, by his writings and lectures, induced his friends to indulge in the brightest anticipations for his future success, and who, had his life been spared, would unquestionably have achieved a lofty and enduring reputation.

FOREIGN INTELLIGENCE.

Bernard's Experiments on the Sugar-Forming Power of the Liver.—These have been recently repeated to a very great extent, and in every form, by a committee of the French Academy, who have concluded their labours, and have furnished a most gratifying report, fully corroborating all Bernard's original statements. The only subject of doubt or controversy seems to be—whether the liver forms sugar or merely separates it when already formed, as the kidney separates urea; the latter, as is generally known, being formed not in the kidney, but in the capillaries, from the *waste* of tissues. Section of the pneumogastric stops the sugar-forming power of the liver, while puncture of the medulla oblongata, between the origin of this nerve and the acoustic, by causing irritation of the pneumogastric, on the other hand, increases the amount of sugar, and produces artificial diabetes. The only outlet by which sugar escapes in the natural state from the system seems to be the gastric juice, as in excessive vomiting or by the kidneys. Animals fed on flesh do not afford the same amount of sugar as those fed on starch or sugar; but the commission do not think this circumstance invalidates the very original discovery of Bernard, no more than that in hysteria the kidneys form very little urea, and give off pale, aqueous urine. The entire report is of the most satisfactory and practical description, and must modify the treatment of diabetes and other diseases.—*Lancet*, July 28, 1854.

Chloroform in Colic.—M. Aran states that repeated experience convinces him of the great value of chloroform given internally, as a curative agent in colic, employing it also externally until the acuteness of the pain is somewhat subdued. No absolute dose can be laid down; for, while cases of medium intensity may require but 60 drops per diem, severe ones may require from 100 to 300 drops. A portion is given in water, suspended by mucilage, and about a third of the quantity in one or two lavements. The entire quantity should be given in divided doses, as the effects are soon dissipated. From the second, or more rarely the fourth or fifth day, the colic is relieved, but a less quantity of the chloroform must be continued until stools are re-established, which will usually be the case spontaneously when food is given. In 21 cases only 3 required the use of purgatives. Still, in severe cases, the duration of treatment is abridged, and relapse rendered less probable, if the first success of the chloroform be followed by a dose of castor oil or Seidlitz water. In chronic colic, occurring in persons who have often had the disease, and where obstinate constipation is accompanied by moderate pain, chloroform is of no avail, active purging alone succeeding.—*L'Union Médicale*, No. 34.

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Quinine as an Anthelmintic.—M. Delvaux, of Brussels, having observed the frequency with which worms are discharged during the use of quinine, resolved to try its powers as an anthelmintic. He has collected more than forty observations of *ascaris lumbricoides* thus radically cured, liquid stools, carrying away the worms, being induced in from 24 to 36 hours. Lavements containing it also completely expel ascarides from the lower bowel. Even two cases of tænia seem to have yielded to it. Its indication is especially found in sickly, feeble children, the effects of the operation of ordinary vermifuges on whom might be feared. In these it also re-establishes the tone of the digestive organs, the debility of which so much favours the generation of entozoa. Although in some cases a dose of castor-oil, or syr. rhei should precede, this is not usually necessary. From 3 to 6 grains are given in the 24 hours to children of from 2 to 10 years of age, and more to older ones, gradually diminishing the dose when the object is effected. It may be given either in powders, pills, electuaries or lavements, the last containing from 4 to 6 grains.—*Gazette des Hôp.*, No. 58.

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On Feeding Young Infants when Feeble.—M. Marchant observes that when young infants are born so feeble that life seems almost extinct, we must not only keep them warm but carefully feed them, a tube being used when the child cannot swallow. The same observation applies to very young infants, who refuse food when suffering from exhausting diseases. The following is the simple manœuvre employed by M. Marchant, and by the aid of which he has saved many lives. The head of the infant is so laid on the left thigh of the person who is to feed it, that both it and the rest of the body may be kept quite horizontal. The mouth of the infant is opened by pressing on its cheeks, and a spoon not quite filled with breast milk is poured out at the back of the mouth. The child does not swallow at once; but after the milk has fallen into the pharynx, if any life remains, a slight motion is perceived, and the fluid reaches the stomach. This is repeated five or six times until the milk remains in the mouth without advancing. For the first two or three days the child must be thus fed every two or three hours, night and day, and from the third to the fifth day the infant is able to suck. We must continue to watch it and offer the breast even when it does not cry; for feeble infants do not cry when hungry, and yet soon die if not supplied.—*L'Union Médicale*, No. 51.

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Iron in the Urine and Sweat.—MM. Viale and Latini, two professors of the University of Rome, as the result of numerous analyses, state that iron is one of the normal constituents of urine, and, in a lesser degree, of sweat. Very evident traces are also discoverable in the ashes of the muscular substance of the heart, the liver, spleen, bones, and especially of ivory. The urine also contains traces of manganese, which has not as yet been found in the sweat. They also found more ammonia in this fluid than Liebig and others.—*L'Union Médicale*, No. 46.

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Revaccination of the Prussian Army—From the year 1834, all Prussians entering the army, for their three years' service, have been vaccinated upon admission, and that whether vaccination had been previously performed or not. From this date to 1852, viz: 19 years, the following results have been obtained:—

Persons vaccinated or revaccinated	811,402
The vaccination succeeded in	457.581
No results obtained in .	353,821

Among the 457,581 soldiers revaccinated, there occurred—

217 cases of varicella,
191 " varioloid,
13 " variola.

Of the 457,581 soldiers, only 4 died of variola in the 19 years, and this notwithstanding their frequent exposure, whether in their own homes, or in barracks, to the smallpox contagion. No such immunity attends the profession in the case of other contagious or epidemic diseases, as cholera or typhus.

In the entire Prussian army, during the above period, 2,428 suffered under one of the three forms of pock, and of this number 86 died. Of these, 4 had been successfully revaccinated, 25 had been revaccinated without effect, and 57 had not been revaccinated at all.

As during the 19 years the proportion of successful revaccinations has continued steadily increasing from 33 to 69 per cent., this must arise either from the greater perfection of the process employed, or the greater susceptibility of the subject; Dr. Schilling is convinced that the latter is the true explanation. That the resistance to revaccination does not necessarily imply resistance to variolous infection, is seen from the fact, that while 4 died after the success of the vaccination, 25 died when it had failed.—*Casper's Wochenschrift*, Band vi. 216.

To bring down the subject to the present time, we extract from the returns furnished in the *Berlin Medicinische Zeitung* for 1854 and 1855, the following facts:—

During the years 1853 and 1854 there were 110,993 revaccinations.

In 83,598 individuals there were plain scars,
17,503 " " indistinct scars.
9,892 " " no scars at all.
110,993

The results of the revaccination were—

Regular in 70,466
Irregular in 14,202
Nil in 26,325
110,993

A repetition of the vaccination in the cases that resisted was attended with—

Successful results in 6,625
No effects in 19,596

Among the revaccinated troops there occurred during the two years—

11 cases of varicella,
30 cases of varioloid,
2 cases of variola.

Med. Times and Gaz., Aug. 4, 1855.

Treatment of Leprosy in China.—It is generally known that an inveterate and loathsome form of leprosy is endemic in several parts of China, and that the subjects of it are frequently immured for life in hospitals, at the instance of the government, by whom the poor people are treated rather as criminals than as patients. At all events, when the disease is severe, it is generally regarded as incurable. Its treatment has been, in many instances, undertaken by the American and British medical missionaries, who have done so much for the good of the Chinese within the last twenty years, but too often with but little success. It is very gratifying, therefore, to find it recorded in the report for 1853–54 of the missionary hospital in the western suburbs of Canton, under the care of Dr. Hobson, that successful trials have recently been made of a new remedy for the cure of the disease. This is the seed of one of the *flacourtiaceæ*, a plant known in Eastern Asia by the name of *chaul* or *charul moogra.* The seeds are coarsely pounded and given internally, in drachm doses, twice a day, for a considerable time. The expressed oil of the seeds is applied occasionally to the affected portions of the skin by friction. Dr. Hobson writes thus of the results of this treatment: "I have seen two cases certainly cured, and several others much benefited; some are still under treatment. The remedy requires to be steadily persevered with for several months. Saline aperients are administered along with it occasionally. The first appearance of improvement is in the eruption becoming less prominent and red, while whitish scales appear around the margins, and the central parts gradually assume the appearance of healthy skin.

"The Chinese call the medicine *tae fung tsze.* A few use it secretly to cure scrofula as well as leprosy. They believe that it produces a change in the blood; and they use the expressed oil as a local application in cases of chronic ulcer, itch, and psoriasis; sometimes, also, it is given by the mouth as an anthelmintic.—*Edinburgh Medical Journal*, July, 1855.

Prevention of Abdominal Typhus by Vaccination.—Dr. De Gressot has communicated to the Academy of Medicine some remarks upon the probable consequences of the connection established by some medical men between smallpox and typhus fever. He asks if, admitting this connection to exist, it is not desirable to attempt the prevention of the eruption on the intestinal mucous membrane by vaccination, performed upon some accessible point of its surface, in the same manner as the cutaneous eruption is combated by vaccination practised on the skin.—*Gazette Med.*

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Hydrophobia in France.—From an inquiry instituted by the French Government, it appears that, in 1852, no less than forty-eight cases of hydrophobia occurred in France, these being distributed over fourteen departments. Returns are now ordered to be made every year; and one consequence of drawing attention to the subject has been the inundation of the Government with infallible specifics. These have been handed over to the *Académie de Médicine* for examination, and M. Bouchardat, in a recent report, exposes their ridiculous pretensions. He observes that there is not one of these recipes which has not at some former epoch been brought forward, and allowed to fall into deserved oblivion. The authors of these communications must also be edified at learning that the *arcana*, which they flattered themselves they alone possessed, reach the Government by different channels, and are, indeed, traceable to quite the infancy of art.—*Med. Times and Gaz.*, June 23, 1855.

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The Physiological Effects of Teetotalism.—In a brilliant article with this title in the current number of the *Westminster Review*, we are informed that some years ago the public were told that bread was poisoned with gin, and that in consequence, a company was started for the manufacture of a new kind of bread, free from the danger of causing intoxication. For awhile the new company succeeded. But a bold baker opened a shop in opposition, announcing, "Bread, with the gin in it;" whereupon the British public bought this bread largely, and have continued to eat it, with its contained gin, without injury. "We," says the reviewer, "are about to emulate that baker, and meet teetotalism as boldly as he met the anti-gin bakers;" and thereon he proceeds to demolish Dr. Carpenter's work on total abstinence, to upset the doctrine that alcohol is a poison, and to prove—which he does to our satisfaction—that alcohol *is* food, and that use is not the same as abuse.—*Edinburgh Med. Journal*, August, 1855.

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Chloroforming an Elephant.—The large elephant, 120 years of age, late the property of Mr. Wombwell, being incapable of locomotion from diseased feet, the present proprietor gave directions for its destruction in the easiest manner possible. Accordingly, Mr. E. Price, Veterinary Surgeon, and Mr. Flewitt, chemist, of Birmingham, on Friday last proceeded to carry his wishes into effect. In ten minutes from the application of choloform the animal became totally insensible; prussic acid was then administered without effect, and two large doses of strychnine, without producing any perceptible feeling of pain. Not succeeding in these endeavours, a continuous application of chloroform was made, in the hope that the animal might sink under it, but, after three hours' perseverance in this course, no difference of respiration being observed, the administration was stopped, and in one hour and a half all effects of it had passed away. The only known means of destruction left were the knife and the bullet. The latter was first tried (the animal again being chloroformed) and wounded a branch of the carotid artery, from which blood flowed in a tolerably sized jet. The opening was then enlarged by a knife, and the artery fully divided. In a few minutes the huge animal ceased to live, having died without a struggle or evidencing the slightest feeling of pain.—*Lancet*, July 28, 1855.

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Coupled Twins.—A remarkable case of coupled twins is being exhibited in Liverpool, in the persons of two African female children, five years of age, who, although in every respect perfectly formed, are joined to each other at the hip, and will thus go through life back to back. They are described by some of the faculty, who have inspected them, to be more curious than the Siamese twins.—*Medical Times and Gazette*, August 11, 1855.

Cholera.—This epidemic prevails to a considerable extent in Italy and Spain. At Fiume, about the middle of June, the number of cases occurring daily was from 40 to 50 Between the 28th of May and 7th of July, there occurred 520 cases at Verona, 951 at Venice, and 467 at Padua. At Treviso, 674 cases occurred during May.

El Crisol, a medical periodical of Madrid, states that the number of cases of cholera at Madrid, for the week ending July 29, was 380; deaths 229. In the country towns of the provinces the medical men go about at the hazard of their lives, not only from infection, but from the violence of their very neighbours, while they are risking their own lives to save others. A physician was murdered in Galicia, and an elderly medical man has been stabbed in Catalonia. In a blind and brutal prejudice, the ignorant people attribute the deaths from cholera to poison administered in the medicines, and therefore refuse to take the prescriptions. If such as these are carried off, their deaths is attributed to poison also, communicated by the physician *touching* the patient's tongue.

At Grenada, from the 27th of June to the 14th of July, 1617 persons died of it. At Burgos it was making great havoc.

Cholera has also broken out at Oporto, and prevails at Vienna and Pesth.

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Quackery in England.—It appears in some proceedings last week in the Court of Chancery, Loncoln's-Inn, London, to the complete stupification of judges and barristers, that the recipe or paper detailing the secret of Sir John Long's liniment, and other so-called specifics for consumption of that noted practitioner, was sold to one of the chemists of London, by the executors to the will, for the immense sum of £16,000. —*Dublin Medical Press*, July 25, 1855.

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A New Pathy.—The *Gazette Médicale de Toulouse* announces that a Swedish doctor, named Engelstroëm, has introduced a new mode of treating disease, called *tapotopathy*. It consists in striking the parts affected gentle blows at first, these being gradually increased in intensity until the patient can no longer bear them. To the pain thus caused, an agreeable warmth and indescribable beatitude succeed, which cause the patient to desire a continuation of the treatment. Arrived at this point, the rapping physician does not hesitate to declare that the cure is complete.—*Medical Times and Gazette*, June 30, 1855.

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Assistant-Surgeons in the British Navy.—We are happy to learn that the claims of these meritorious members of the profession to proper rank and accommodations, have been at last allowed by the British government. An order has been made by the Board of Admiralty, that "henceforth the naval assistant-surgeons shall have separate cabins, with all the privileges of the ward room."

—

OBITUARY RECORD.—The profession have sustained a severe loss by the death, on the 12th July last, of Dr. VALLEIX, a very eminent physician of Paris, at the early age of forty-eight. The deceased, who was a man of great erudition, and highly esteemed in the French capital, fell a victim to an attack of malignant sore throat (fatal in five days); an affection which he contracted from a patient whom he was attending. This death occurs shortly after that of two resident-surgeons of hospitals, who died a little time since in consequence of dissecting wounds. Dr. Valleix had lately been an advocate, before the Academy of Medicine, of mechanical treatment for uterine deviations; and had improved on Dr. Simpson's instruments. He was physician to the hospital of La Pitié, and author of the following works: 1. *The Guide of the Medical Practitioner*, in five volumes—a standard book, and one of the best compendiums of modern times. 2. *A Treatise on Neuralgia*. 3. *Clinical Remarks on the Diseases of New-Born Children*. Both the latter works are much prized in France, and it is greatly to be regretted that so accomplished a physician and so estimable a man should be suddenly cut off at the moment he was rapidly rising in his profession. Discourses of the most touching kind were delivered at the funeral, by some of the friends of the deceased.

Died, in Ireland, on the 6th of July, in the 84th year of his age, Dr. ARCHIBALD ARNOTT, the last medical attendant of Napoleon.

THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

Statistical Report of the Principal Operations performed in the London Hospitals, during the month of May, 1855.

Lithotomy.—The two cases left under treatment by last report are both recovered. Both are under Mr. Lloyd's care in St. Bartholomew's, and in both recto-urethral lithotomy was performed. The man (Case 1) has left the Hospital well in every respect; the boy is still in bed, the wound not being quite healed.

Number of cases, 6; recovered, 4; died, 2.

Case 1.—A healthy boy, aged 6, under the care of Mr. Fergusson, in King's College Hospital. The usual operation was performed, and a stone, the size of a small walnut, removed. Recovered. *Case* 2.—A delicate boy, aged 6, under the care of Mr. Birkett, in Guy's Hospital. A phosphatic stone was removed in the usual manner. Recovered. *Case* 3.—A boy, aged 8, under the care of Mr. C. J. Guthrie, in the Westminster Hospital. He was in fair health, but had suffered from stone for two years. An ovoid, triple phosphate stone, nearly the size of a nutmeg, was removed. Recovered. *Case* 4.—A man, aged 68, in bad health, was admitted into Guy's Hospital on account of retention of urine. It appeared that he had suffered from stricture for thirty years, and that for the last eight catheterism had been impracticable. At first Mr. Cock was not able to succeed in passing an instrument, but after a few days a No. less than No. 1 was introduced, and the presence of a large calculus was discovered. The stricture was situated about four inches from the meatus. By degrees it yielded to dilatation, and came to admit larger instruments. In order to correct the state of the bladder, frequent injections of diluted acid solutions were practised, and under their use the urine, which was ammoniacal and purulent, somewhat improved. The sufferings produced by the stone were very severe, and notwithstanding the unhopefulness of the man's general condition, it was at length, at his own urgent request, determined to remove it. As the stricture was now dilated sufficiently to admit an ordinary staff, the operation did not differ in any respect from the usual one. The stone

Published monthly by BLANCHARD & LEA, Philadelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage to the subscriber.*

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was large but very soft, so much so that it broke down in the forceps, and was taken away piecemeal. The man remained free from pain after the extraction, but he did not rally well, and death from exhaustion followed on the fourth day. At the autopsy the bladder was found thickened, and in a state of chronic inflammation. The left kidney was atrophied and acutely inflamed, its pelvis and ureter containing pus. The right kidney was of usual size, but its ureter was acutely inflamed. The liver was large and fatty. *Case* 5.—A delicate child, aged 3, under the care of Mr. Gowland, in the London Hospital. The usual operation was performed, and an oxalate of lime calculus, the size of a marble, removed. The child died of bronchitis on the fourth day. The urine had flowed freely from the wound, and all was doing well in respect to the operation itself. It was thought that the fatal symptoms were probably caused in some measure by the chloroform which had been administered. *Case* 6.—A boy, aged 7, under Mr. Hilton's care, in Guy's Hospital. He was in pretty good health, but had suffered from stone for two years. A large triangular flattened stone was removed which weighed six drachms. Some febrile disturbance followed during the next few days, but it passed off, and the boy is now all but well.

Lithotrity.—Mr. Hilton's case, mentioned last month, remains under care, and is doing well. A third operation has been performed, and many fragments of stone have come away. He now attends as an out-patient.

A man, aged 56, of sallow complexion, is under Mr. Coulson's care, in St. Mary's Hospital, having had lithotrity operations performed five times during the past six weeks. He is a native of Glasgow, and has come up to town for the purpose of submitting to treatment. He has suffered from symptoms of stone for eighteen years, and during the last four severely. Two years ago he voided three small calculi, each about a quarter of an inch in circumference, and of a dark brown colour. On sounding, Mr. Coulson detected the presence of three stones, one much larger than the others. The larger one has been readily crushed at every operation. The man has suffered from some constitutional irritation, but is now doing very well.

Compression Treatment of Aneurism.—A groom, aged 24, in good health, was admitted under the care of Mr. Pollock, into St. George's Hospital, on account of a very large popliteal aneurism. The disease had existed for five months. Treatment by pressure was at once commenced, and kept up, with some irregularity, for four weeks, when the tumour ceased to pulsate, and had evidently solidified to a considerable extent. After having remained, however, pulseless for four days, it again began to increase in size rapidly, and pulsation was again present. Under these circumstances it was deemed safest to place a ligature on the femoral, which operation was accordingly performed.

Trephining of the Skull.—A healthy boy, aged 17, was admitted into St. George's Hospital, under the care of Mr. Hawkins, having received a kick from a horse over the right eyebrow. There was compound fracture of the frontal bone, with depression of one fragment. The operation consisted in sawing away an over-hanging portion of bone with Hey's saw, and then removing the depressed and loose fragment. The latter comprised a large part of the orbicular portion of the frontal, and nearly the whole of the roof of the orbit, with a small piece of the great wing of the sphenoid. The dura mater had been lacerated in the accident, and during the operation a small portion of brain escaped. Extensive hernia cerebri followed the operation, but it was not attended by paralysis or loss of consciousness. At the time of the report (17th day) the lad was doing tolerably well.

Herniotomy.—Cases 4 and 5 of last Report left under treatment, have both resulted in recovery.

Number of cases, 21; recovered, 9; died, 12.

Recoveries.—*Case* 1.—A man, aged 76, under Mr. Adam's care in the London Hospital, hernia inguinal, of old standing, and having often before needed surgical assistance to effect reduction. Strangulation had existed thirteen hours. The symptoms were not very severe, but as the taxis could not be accomplished it was deemed best not to delay the operation. The sac was opened and the bowel returned; a mass of adherent omentum being left *in situ*. During the two days following the operation vomiting was troublesome, but under the use of opium and stimulants the man subsequently made a good recovery. *Case* 2.—A woman, aged 48, under the care of Mr. Simon in St. Thomas's Hospital. Hernia femoral, strangulated eighty-four hours; sac not opened.

Recovered. *Case* 3.—A man, aged 47, under the care of Mr. Poland in Guy's Hospital. He had for twenty-seven years been the subject of an irreducible omental hernia the size of a fist through the left femoral ring. For this he had worn a cupped pad. The protrusion of bowel had taken place six hours before admission. The taxis had been vigorously attempted by the surgeon whom he had consulted without effect, and the symptoms were urgent. Mr. Poland at once proceeded to the operation. The sac having been opened, a large mass of omentum was seen, which adhered to the neck of the sac, but not in other parts; behind it was a knuckle of intestine intensely congested and of the colour of port wine. The stricture having been divided, the gut was returned. The omentum was unfolded and examined, and a discussion took place as to whether or not it should be cut away. Having decided this question in the negative, the operator repacked it in the sac, and then closed the external wound by sutures. The wound united by the first intention, and not a bad symptom followed the operation. *Case* 4.—A man, aged 59, under Mr. Poland's care in Guy's Hospital, on account of femoral hernia the size of a nutmeg. Strangulation had existed for eighty hours, and the symptoms were severe. The operation was attempted without opening the sac or fascia propria, and reduction was effected, but a part of the protrusion persisted in coming down again as soon as the finger was removed. This led to the suspicion that the bowel was not quite liberated, and the sac was accordingly opened. It was then discovered that a small knuckle of bowel still remained constricted by the neck of the sac, and had been replaced with it. The neck of the sac having been divided, the operation was complete. The man recovered well. *Case* 5.—A woman, aged 37, under the care of Mr. Poland, in Guy's Hospital, on account of a femoral hernia of four years' duration. Strangulation had existed thirty hours, and the taxis had been much abused prior to admission. The parts about the sac were so much inflamed from the bruising to which they had been subjected, that Mr. Poland did not deem himself warranted in making any further attempt at reduction, without first liberating the stricture. The operation was accordingly performed at once; the sac was not opened. The patient did well afterwards, excepting that she had very profuse suppuration from around the sac, the effect of the violent contusion to which the parts had been subjected. *Case* 6.—A man, of middle age, under the care of Mr. Partridge in King's College Hospital. Hernia congenital as large as a swan's egg. Strangulation nine hours; sac opened. A large mass of omentum was cut away, and five ligatures were applied to the vessels which bled. Recovered well. *Case* 7.—A woman, of middle age, under the care of Mr. Skey, in St. Bartholomew's Hospital. Hernia recent, femoral, strangulated fifteen hours. Taxis having been thoroughly tried, both without and with chloroform, an immediate operation was performed. The sac was not opened. Recovered. *Case* 8.—A woman, aged 29, under the care of Mr. Skey, in St. Bartholomew's Hospital, on account of femoral hernia. The hernia had never before been down, and had been strangulated forty hours; the symptoms were severe. The tumour was the size of a small pear, very tense and painful. The sac having been opened, omentum only was found in it. The patient subsequently had peritonitis, but under the usual treatment recovered. *Case* 9.—A woman, aged 25, under the care of Mr. Callaway, in Guy's Hospital. The hernia, which was femoral, and on the right side, had come down on Tuesday, and ever since its protrusion she had felt sick at times, but had had no actual vomiting. The bowels had been confined, but had nevertheless acted once on the Friday; the belly was flaccid. The symptoms being thus ill marked, the operation was deferred; notwithstanding that taxis could not be effected. On Sunday morning the vomiting had become severe, and it was determined to delay no longer. The sac was not opened. She remained very low for some time after the operation, but ultimately recovered well.

DEATHS.—*Case* 10.—A woman, aged 57, under the care of Mr. Tatum, in St. George's Hospital. Hernia femoral; strangulated eight days; sac opened. The gut was found adherent and gangrenous, and was accordingly laid open and secured by stitches to the wound. Death from a low form of peritonitis occurred on the eighth day. *Case* 11.—A man, aged 66, gouty, and the subject of diseased kidneys, was admitted into St. George's Hospital, under the care of Mr. Tatum, on account of a large, irreducible femoral hernia, which had become strangulated. Strangulation had existed five days.

The sac was opened, and found to contain omentum, and a portion of intestine; the latter only was reduced. Death from peritonitis next day. *Case* 12.—A woman, aged 57, under the care of Mr. Birkett, in Guy's Hospital, on account of a very small femoral hernia. Strangulation had existed seventy-three hours. In the operation the sac was not opened, nor even the fascia propria divided. Death from acute peritonitis followed. *Case* 13.—A woman, aged 70, under Mr. Birkett's care in Guy's Hospital, on account of a femoral hernia, which had been strangulated eleven hours. The sac was opened, and the bowel returned. Death from peritonitis followed. At the autopsy the strangulated portion of bowel was found not in any way recovered, and almost in a gangrenous state. *Case* 14.—A woman, aged 51, was admitted into the Marylebone Infirmary, under the care of Mr. Henry Thompson. The bowels had been constipated for twelve days, and during the latter six there had been stercoraceous vomiting. There was a small firm tumour in the inguinal region, which was said to have existed for twenty-five years. No pain or tenderness in either the abdomen or the tumour. On cutting down upon the tumour and opening its sac, it was found to contain a dense, compact mass of omentum, impacted in the base of which was a knuckle of closely adherent intestine. The intestine being irrecoverable, was opened, and its edges stitched to the wound. Great relief was afforded, and profuse evacuations through the wound followed. The patient did fairly until the third day, when symptoms of severe peritonitis came on, and she rapidly sank. The autopsy showed a small perforating ulcer of the bowel above the seat of stricture, from which extravasation of feces into the abdominal cavity had taken place. The hernia proved to be, as it was thought at the time of the operation, of the direct inguinal form. *Case* 15.—A woman, aged 67, under Mr. Cutler's care, in St. George's Hospital, on account of an umbilical hernia which had long been irreducible. There had been obstinate constipation for many days, and the patient being much sunken it was deemed necessary to perform an exploratory operation. This was done, and the sac opened. No constriction, however, could be found. The woman subsequently sank. The skin over the hernia had partly sloughed; but death appeared to be mainly due to extreme feebleness of power. She appeared much older than she said. *Case* 16.—A woman, aged 76, was admitted under the care of Mr. Holt into the Westminster Hospital, with a small femoral hernia on the right side. The gut had been down for five days, and there had been frequent vomiting, the matters ejected having, during the last twenty-four hours, been fecal in character. The operation was performed immediately after admission. The stricture having been divided, as it was thought external to the sac, reduction was effected, but immediately afterwards the tumour bulged again. Some doubt was felt as to whether the protrusion was bowel or sac, and, under these circumstances, a grooved needle was passed into it. Feces escaped by the puncture, and this being deemed to prove it to be bowel, the punctured part was tied by a fine silk ligature. The parts were now left *in situ*, being protected by a pad of lint. The patient, who was extremely sunken at the time of the operation, died four hours afterwards. The autopsy, which was very carefully conducted, showed the bowel perforated by ulceration just above the seat of stricture. The pelvic cavity, the abdomen generally, and the hernial sac contained fluid feces. The part of bowel which had been strangulated was gangrenous, but had not given way, excepting at the point mentioned. The sac was unopened, excepting at the point of puncture, over which the ligature had been put. There was general peritonitis. The re-filling of the sac which, during the operation, had been mistaken for re-protrusion of bowel, was thus proved to have been caused merely by its distension with fluid feces. *Case* 17.—A woman, aged 35, under the care of Mr. Cutler, in St. George's Hospital, on account of a large femoral hernia, strangulated two days. The tumour had been much bruised by attempts at taxis prior to admission. The sac was opened, and reduction effected. Death, from peritonitis, consequent on perforation of the bowel, followed. *Case* 18.—A woman, aged 69, pale and emaciated, under the care of Mr. Skey, in St. Bartholomew's Hospital, on account of strangulated femoral hernia. Strangulation three days; tumour very tender. The sac was opened, and the intestine carefully examined before reduction. Relief followed the operation, but death took place on the fourth day. The autopsy showed the strangulated portion of bowel much congested, and perforated in one spot by a small ulcer. *Case* 19.—An unhealthy-looking man, aged 45, under the care of Mr. Lawrence, in St. Bartholomew's Hospital, on account of a large scrotal hernia. The tumour was the size of a fist, and very tense. Strangulation had existed nine hours; sac not opened. The patient died on the sixth day, from diffuse inflammation of the cellular tissue of the scrotum and abdomen. *Case* 20.—A man, aged 70, under the care of Mr. Skey, in St. Bartholomew's Hospital. Hernia inguinal; of large size. The man complained of no pain, and stated that he had first noticed the tumour three days before. It did not, however, appear to have attracted much of his attention. Taxis having failed, the operation was resorted to. During its performance the sac burst spontaneously. Death followed five days after the operation; the bowels having in the interval been three times freely open. The autopsy showed the effects of much peritonitis, the coils of the small intestine being glued together by lymph. *Case* 21.—A woman, aged 52, under the care of Mr. Callaway, in Guy's Hospital. Hernia femoral; strangulated six days. She was in a very depressed state; the tumour was well defined and exceedingly tender. The sac was opened, and the bowel, although very dark-coloured, was returned. Stimulants were given, but she did not rally. Death occurred twenty-four hours after the operation. At the autopsy a gangrenous patch was found, about an inch and a half in diameter, and situated about eight feet above the cæcum, in which were several perforated spots. The viscera were mostly healthy.

Amputations.–Of the Thigh.–Recoveries. —*Case* 1.—A girl, aged 18, under the care of Mr. Cock, in Guy's Hospital, on account of diseased knee-joint of many years' duration. There had been much suppuration, and she was in very poor health. The stump is nearly healed, and she is now quite out of danger. *Case* 2.—A woman, aged 30, under the care of Mr. Birkett, in Guy's Hospital, on account of medullary cancer, affecting the lower end of the femur and its surrounding parts. The disease was of a year's duration, and was extending rapidly. Her health was very feeble and sufferings intense. Amputation through the upper third of the femur was performed. She has progressed most favourably since the operation, and the stump is now all but healed. The relief from pain afforded by the removal of the disease has been most marked. The disease had caused fracture of the bone. Deaths.—*Case* 3.—An unhealthy-looking man, suffering from phthisis, was admitted into St. Bartholomew's, under the care of Mr. Lawrence, on account of diseased knee-joint. The disease had existed for three years, and he had been under treatment for it in several hospitals. After a four months' attempt to save the limb, Mr. Lawrence determined to amputate, as the man's strength was rapidly failing. Death from phlebitis occurred on the fifth day after the operation.

Of the Leg.—Recoveries.—*Case* 4.—A boy, aged 17, under the care of Mr. Spencer Smith, in St. Mary's Hospital, on account of pulpy degeneration of the synovial membrane of the ankle-joint. The disease was of seventeen months' duration, and the amputation had for several months been deferred only because his friends had refused their consent. The operation was performed by the circular method. The stump is healed, and the boy's health already very greatly improved. Deaths.—*Case* 5.—A healthy child, aged 3, was admitted into the London Hospital, under the care of Mr. Adams, on account of laceration of the leg. Gangrene followed, and amputation became necessary on the third day, but the father of the child refused his consent. When, on the seventh day, permission to perform the operation was obtained, the child was in an extremely exhausted state. Death followed on the fourth day. There had been no attempt at union, and the thigh was greatly swollen. No autopsy.

Of the Foot.—Under Treatment.—*Case* 6.—A boy, aged 15, under the care of Mr. Cutler, in St. George's Hospital, on account of crushed foot. Primary amputation was performed a very little in front of the line in Lisfranc's operation. Doing well. *Case* 7.—A man, aged 34, under the care of Mr. Simon, in St. Thomas' Hospital, on account of encephaloid disease, connected with the metatarsal bone of the second toe of the left foot. Amputation at the ankle-joint, after Pirogoff's method, was performed. The patient had considerable constitutional disturbance during the week following the operation, but he is now doing well. There has been no sloughing of the flap, and the portion of the os calcis left has kept well in place.

Of the Upper Extremity.—Recoveries.—*Case* 8.—A man, aged 53, under the care of Mr. Lawrence in St. Bartholomew's Hospital, on account of disease in the right carpus consequent on injury. Thirteen weeks before he had received a punctured wound of the wrist-joint, and the inflammation which followed had rendered the hand useless. Amputation through the forearm. Recovered. *Case* 9.—A country woman, aged 42, in good health, under the care of Mr. Skey, in St. Bartholomew's Hospital. Her right hand and lower portion of forearm had been crushed by a thrashing machine. Primary amputation through the forearm was performed. The wound healed by the first intention, and the patient was well in ten days. *Case* 10—On March 5, a man, aged 46, was admitted, under the care of Mr. Birkett, into Guy's Hospital, a cart-wheel having passed over his right elbow. There was so much swelling that an accurate diagnosis of the extent of injury was not practicable. It was, however, certain that the bones composing the joint had been much comminuted. The fracture was not compound. The case seemed to do well for some days, but subsequently sloughing of the soft parts took place, and the injury became converted into a compound fracture involving the joint. The external condyle of the humerus projected and was removed. Profuse suppuration followed, and the man's powers became greatly reduced. Amputation through the upper arm was performed on May 1st. On examination after amputation the joint was found entirely disorganized, but the processes of reparation were commencing. The man recovered well. *Case* 11.—A man, aged 43, had a tumour removed from the palmar aspect of his middle finger ten years ago. It subsequently reappeared, and on account of it the finger was removed at the metacarpal articulation. A growth now sprung up in the palm of the hand. For the latter the man was admitted into Guy's Hospital, under the care of Mr. Birkett, the skin having ulcerated and the tumour being developed into a large fungating mass. Amputation through the lower third of the forearm was performed. The disease proved to be medullary cancer; it was attached to the metacarpal bone and the fibrous tissue about it. The man quickly recovered. Death.—*Case* 12.—A man, aged 42, under the care of Mr. Pollock, in St. George's Hospital, on account of diseased elbow-joint. He had bronchitis, and was in bad health. Amputation. Death from pyæmia.

Amputation of the Penis.—A gardener, aged 68, was admitted into St. Bartholomew's, under the care of Mr. Skey, on account of epithelial cancer of the penis, of four years' duration. The disease involved the entire glans, and the anterior third of the corpora cavernosa. The inguinal glands were enlarged and tender. Amputation was performed in the usual manner, and the man recovered without a bad symptom.

Excision of Bones and Joints.—The seven cases mentioned last month, and also several from preceding months, all remain under care.

Case 1.—A man, aged 34, under the care of Mr. Birkett, in Guy's Hospital, having suffered from chronic inflammation of the right knee-joint for three years. There was much enlargement about it, and some fluid in the articulation, but no sinuses existed, as there had never been any open abscess. Treatment had been exhausted upon it, and the question had come to be between amputation and excision of the joint. The man being in tolerable health, Mr. Birkett decided to perform the latter. The joint was opened by a curved incision crossing the ligament of the patella, the latter bone and the flap being dissected up together. The articular extremities of the femur and tibia were sawn off, and the patella was also removed. Four articular arteries required ligatures. The interarticular cartilages had been destroyed, and the cartilage covering the ends of the three bones was extensively ulcerated; the synovial membrane was converted into a pyrogenic tissue. The bones themselves were healthy. The parts having been adjusted, the limb was placed on a straight splint, and hitherto the case has progressed favourably. *Case* 2.—A girl, aged 20, under the care of Mr. Birkett, in Guy's Hospital, on account of diseased elbow-joint. She was strumous, delicate, and excitable. The disease had existed, and was spontaneous. There had been profuse suppuration, and there was much pulpy thickening of the tissues about the joint. The articulation was laid open by a ⊢ shaped incision from behind, and the olecranon and extremity of the humerus were cut away. The entire coronoid process of the ulna with the lesser sigmoid notch, and the head of the radius, were left. The case is doing well. *Case* 3.—A delicate woman, aged 38, under the care of Mr. Poland, in Guy's Hospital, on account of diseased elbow-joint, of eight months' duration. There had been profuse discharge, and she was worn down by intense pain and irritation. It was a doubt whether or not amputation ought to be preferred to excision, but the latter was at length decided upon. Mr. Poland laid open the joint by the ⊢ shaped incision, and cut away the olecranon. The cartilage from the humerus, and also that from the radius, was peeled off with the forceps, and the extremities of the bones, being sound beneath, were not excised. The woman appeared to be doing well for two or three days, but subsequently symptoms of acute or pneumonic phthisis appeared, and death followed in the third week. There had been hectic, profuse sweatings, and diarrhœa, but Mr. Poland did not consider the condition as one of pyæmia. The elbow continued to suppurate healthily. No autopsy was permitted. Previous to the operation the patient had shown no symptoms of chest disease. *Case* 4.—A man, aged 45, under the care of Mr. Hutchinson, in the Metropolitan Free Hospital, and whose elbow-joint was excised in January last. As has been already reported, suppuration occurred in the wrist-joint of the same arm, a few weeks after the operation, and also in several places over the shaft of the ulna. The disease of the wrist appeared chiefly connected with the ulna, the lower fourth of which, including the whole of its articular head, passed into a state of necrosis. The operation consisted in excising this diseased part. The wrist-joint was, of course, opened, but there did not appear to be any other exposed bone. The wound has since almost healed, and there seems a fair prospect of yet saving an arm of considerable usefulness. *Case* 5.—A woman, aged 34, under the care of Mr. Hawkins, in St. George's Hospital, and whose case has been mentioned several times previously under the head "Amputations." Her thigh was amputated thirteen years ago, and since then three excisions of the end of the femur have been performed on account of continued oozing of blood from the extremity of that bone. The third operation was during the past month. The case remains under treatment.

Excision of Malignant Tumours.—Case 1.—A woman, aged 40, under the care of Mr. Birkett, in Guy's Hospital, on account of a pedunculated growth of soft cancer on the back. The disease had commenced on the site of a congenital mole, and had existed for fourteen months. It had been twice ligatured, but was, notwithstanding, increasing rapidly. Excision. Recovery. *Case* 2.—A pale delicate woman, aged 48, the mother of a large family, under the care of Mr. Lawrence, in St. Bartholomew's Hospital, on account of scirrhus of the breast. The tumour was the size of an egg, and had been growing for two years. The nipple was retracted, and there were some scattered tubercles in the skin. The whole gland was excised. Death from pleurisy twelve days after the operation. *Case* 3.—An Irish-woman, of middle age, under the care of Mr. Skey, in St. Bartholomew's Hospital, on account of a large ulcerated and adherent carcinoma of the left breast. The excision involved the exposure of three or four ribs. The patient subsequently had an acute attack of pleurisy, from which, however, she recovered, and ultimately left the Hospital with the large wound quite healed. *Case* 4.—A woman, aged 34, under the care of Mr. Cock, in Guy's Hospital, on account of a recurrent fibro-plastic tumour growing from the right antrum. Her case has been frequently mentioned before; two previous operations having been performed. Mr. Cock dissected up the cheek, and scooped away the growth, which extended from the antrum into the nose, and also beneath the soft parts. The wound rapidly healed. *Case* 5.—A man, aged 34, under the care of Mr. Simon, in St. Thomas's Hospital, on account of an ulcerated epithelial cancer of the lower lip. The disease had existed eighteen months. Excision. Recovery. *Case* 6.—A woman, aged 38, under the care of Mr. Clark, in St. Thomas's Hospital, on account of a scirrhous growth just below the mammary gland. The disease had existed four months. Excision. Recovery. *Case* 7.—A man, aged 24, under the care of Mr. Clark, in St. Thomas's Hospital, on account of a recurrent tumour (colloid ?), the size of an orange, between the ramus of the lower jaw and the mastoid process. It was of five years' growth, and one of similar character had been excised from the same spot seven years ago. In its removal, the facial nerve was unavoidably divided. Under treatment. *Case* 8.—A woman, aged 44, under the care of Mr. Hawkins, in St. George's Hospital, on account of scirrhus of the breast. Excision. Recovery. *Case* 9.—A woman, aged 62, under the care of Mr. Johnson, in St. George's Hospital, on account of scirrhus of the breast. Excision. Recovery. *Case* 10.—A man, aged 48, under the care of Mr. Fergusson, in King's College Hospital, on account of a cancroid growth, involving the outer commissure of the right eyelids, and extending deeply between the eyeball and lid. The man was in good health, and the disease had existed for ten years. Mr. Fergusson excised the whole freely. The wound is nearly healed. *Case* 11.—A man, aged 41, under the care of Mr. Fergusson, in King's College Hospital, on account of a glandular development of epithelial cancer in the submaxillary region. The disease was secondary on a cancer of the lip, which had been excised two years ago. The mass had attained the size of a small orange, and was fast increasing ; it did not involve the submaxillary gland itself. The man was in good health. Excision. Doing well. *Case* 12.—A woman, aged 53, under the care of Mr. Hillman, in the Westminster Hospital, on account of scirrhus of the breast. It had been noticed only three months. Excision. Recovery. *Case* 13.—A delicate woman, aged 35, under the care of Mr. Skey, in St. Bartholomew's Hospital, on account of ulcerated scirrhus of the left breast. She had suffered from pain in the part for about fourteen months. The whole gland was removed. Death from pleuro-pneumonia followed on the fourth day. At the autopsy no cancerous deposit was found in any organ. *Case* 14.—An unhealthy-looking man, aged 44, was admitted, on February 7th, into St. Bartholomew's, under Mr. Lawrence's care, having a tumour the size of an egg over the left parietal eminence. It had been growing for twelve months, and was diagnosed as malignant, and only removed at the patient's urgent request. The wound healed rapidly, and the man left the Hospital, but he has since returned with a recurrence of the disease beneath the cicatrix. *Case* 15.—A woman of middle age, under the care of Mr. Chance, in the Metropolitan Free Hospital, on account of a small scirrhous tumour in the right breast. The whole gland was excised, as also an axillary lymphatic, which was enlarged and cancerous. Recovered. See also, "Amputations of the Penis," and "Excision of the Testis."

Excision of the Testis.—*Case* 1.—A healthy man, aged 37, was admitted into St. Bartholomew's Hospital, under the care of Mr. Skey, on account of great enlargement of the right testis, which had commenced two years before and had been unaccompanied by pain. The gland was of stony hardness and more than four times the size of the opposite one. The testis and spermatic cord were excised on February 10. The parts healed, and he was discharged from the Hospital in March, but was subsequently readmitted, and died of pleurisy. The diseased growth consisted of cartilage, as also did the numerous glandular and other secondary ones. (The full particulars of this singular case were read by Mr. Paget before the Medico-Chirurgical Society. See Report in this Journal, page 634, June 23.) *Case* 2.—A man, aged 37, in moderately good health, under the care of Mr. Cock, in Guy's Hospital, on account of great enlargement of the left testis. The disease had commenced spontaneously, and there was no history of hereditary tendency to cancer. The diagnosis was extremely difficult, as the man had no degree of cachexia, and the condition of the testis was much masked by effusion into the tunica vaginalis. The first part of the operation was exploratory. The fluid having been evacuated, the testis was found to be the seat of medullary cancer, and was accordingly excised. The cord was sound. The gland after removal presented an excellent specimen of soft cancer. The man recovered well. *Case* 3.—A man, aged 35, under the care of Mr. Henry Thompson, in the Marylebone Infirmary, on account of enlargement of the testicle of seven months' duration. After excision the disease was found to consist of a combination of cystic, cartilaginous and cancerous deposits. The gland was the size of a small fist. The man recovered quickly. *Case* 4.—A man, aged 30, under the care of Mr. Hillman, in the Westminster Hospital. The testis was excised on account of scrofulous disease, which had destroyed its structure. Recovered.

Removal of Non-Malignant Tumours.—*Case* 1.—A boy, aged 6, under the care of Mr. Cock, in Guy's Hospital, on account of a large tumour beneath the scalp of the occiput. It was said to have been of congenital origin, but had recently increased much in size. At the operation it was found to consist of dense fat. It was without any definite boundaries, and connected itself on all sides with the surrounding adipose tissue. The wound healed well. *Cases* 2, 3, 4 and 5.—Fatty or sebaceous tumours, of not unusual size, successfully removed. *Case* 6—A robust young woman, aged 24, under the care of Mr. Ward, in the London Hospital, for a mammary glandular tumour of large size. It was excised, and during the operation was found to have no structural connection whatever with the gland by the side of which it lay. Its weight was nine ounces, and it possessed complete glandular development, its tubuli containing milk. The patient is doing well, but the wound has been rather slow in healing. *Case* 7.—A man, aged 41, under the care of Mr. Critchett, in the London Hospital, on account of a large and deeply-placed tumour in the thigh, overlying the middle of the femoral artery. The growth proved to be fibro-plastic in structure. During its excision the femoral vessels were exposed for more than an inch in length, but not otherwise disturbed. Secondary hemorrhage, from ulceration of the artery, occurred about a fortnight afterwards, and ligatures had to be applied above and below the spot. Doing well. *Case* 8.—A healthy girl, aged 10, under Mr. Lawrence's care, in St. Bartholomew's Hospital, on account of an enchondroma developed in connection with the fourth metacarpal bone. It grew from nearly the whole length of the affected bone, was of six years' duration, and had attained the size of a small egg. The tumour was cut away, and that part which projected into the substance of the bone gouged out. The wound healed readily, and the patient left the Hospital with perfect use of the hand.

Puncture of the Bladder.—*Case* 1.—A man, aged 43, was admitted, on May 9, into Guy's Hospital, under the care of Mr. Poland, suffering from retention of urine. He had, previous to this attack, been in good health; his stricture was of two years' duration. Catheterism had been rather forcibly attempted prior to admission, and a false passage had been made, Mr. Poland also having failed in the endeavour to introduce an instrument, and after twelve hours' waiting, the warm bath, etc., having been used, it was determined to puncture the bladder. The operation was performed by the rectum in the usual way. The canula was allowed to remain in four days, during which all the urine flowed by it. An abscess, attended with some sloughing, had in the mean time formed in the perineum. Up to the sixth day the man was doing well in every respect, but subsequently the symptoms of pyæmia were developed, and death took place on the 22d (thirteenth day). At the autopsy it was with difficulty that the spot where the canula had passed could be found; all the tissues about it were perfectly healthy. In the lungs were local patches of pneumonia, with small deposits of pus. It seemed most probable that the perineal abscess had been the cause of the pyæmia, and not the wound made in the operation. *Case* 2.—An unhealthy man, aged 65, under the care of Mr. Tatum, in St. George's Hospital, had puncture of the bladder by the rectum performed on account of impassable stricture. Death followed. The kidneys were extensively diseased.

Operations for Urethral Stricture.—A man, aged 47, under the care of Mr. Skey, in St. Bartholomew's Hospital, on account of a cartilaginous stricture of thirteen years' duration. No instrument could be passed through it. Mr. Skey accordingly introduced a large catheter down to it, and having cut into the urethra over its point, prolonged the incision through the stricture. A full-sized catheter was immediately passed, and was subsequently retained for two or three days. The man recovered perfectly; and when he left the Hospital the sinus left by the wound was closed.

Removal of Necrosed Bone.—*Cases* 1 and 2.—The patients in these are both men under the care of Mr. Cock, in Guy's Hospital, on account of necrosis of the jaw. In one, the upper jaw, in the other, the lower is affected. Large portions of bone have been removed. Neither of the men had worked in phosphorus. Under treatment. *Case* 3.—A strumous boy, aged 3, under the care of Mr. Curling, in the London Hospital, on account of disease of the os calcis, consequent on an injury. Mr. Curling gouged away some softened cancellous tissue, and laid the cavity freely open, but did not succeed in finding any fragment actually necrosed. The wound seems likely to heal. *Case* 4.—A healthy man, aged 23, under Mr. Fergusson's care, in King's College Hospital, on account of necrosis of the tibia, of twenty years' standing. The diseased portion has been removed. Doing well. *Case* 5.—A man, aged 25, under the care of Mr. Fergusson, in King's College Hospital, on account of necrosis of the femur. A sequestrum two inches in length, and including the entire shaft, was removed from the lower third of the bone. Doing well. *Case* 6.—A cachectic man, aged 30, under the care of Mr. Holt, in the Westminster Hospital, on account of necrosis of the fifth metatarsal bone of the right foot. It was excised. Doing well. *Case* 7.—A boy, aged 14, under the care of Mr. Solly, in St. Thomas's Hospital, on account of necrosis of the humerus The whole upper half of the shaft was removed. A second operation will probably be required. *Case* 8.—A lad, aged 17, under Mr. Clarke's care, in St. Thomas's Hospital, on account of necrosis of the tibia. A small portion of bone was removed from the lower part. Doing well. *Case* 9.—A woman, aged 30. under the care of Mr. Cutler, in St. George's Hospital, on account of necrosis of the femur. A large sequestrum has been removed. Doing well.

Operations for Exostosis.—Case 1.—A healthy lad, aged 13, under the care of Mr. Wormald, in St. Bartholomew's Hospital, on account of an exostosis from the lower third of the femur, close above the knee-joint. It had been noticed for the first time four months previously. It was removed in the usual manner, and the wound, although phagedenic for some time, ultimately healed well. *Case* 2.—A patient, under the care of Mr. Prescott Hewett, in St. George's Hospital, has had a small exostosis removed, and has recovered.

Plastic Operations.—Three cases of cleft palate are under the care of Mr. Pollock, in St. George's Hospital, in which the operation of staphyloraphy has been performed. In one, complete union has followed, and the other two are yet under treatment, and will be partially successful. One case of contraction after burn, and one of hare-lip, have been successfully operated on in St. Bartholomew's Hospital. Two cases of hare-lip, under the care of Mr. Fergusson, in King's College Hospital, have been operated on, and have resulted in cures.

Ligature of Varicose Veins.—A healthy man, aged 30, under the care of Mr. Partridge in King's College Hospital, on account of a large varicose vein in the leg. A ligature was applied in the usual manner, by passing a needle beneath the vessel, and twisting the thread over its projecting ends. A cure, without any troublesome complications, followed.

Tracheotomy.—A stout muscular man, aged 28, a seaman, of intemperate habits, was brought to St. Bartholomew's Hospital at 5 30 A. M. (8th April) suffering from intense dyspnœa, which had come on during the night. Two days previously he had been locked up all night in a police cell for drunkenness. He felt a slight pain in the upper part of the larynx, which did not prevent his going about. He went to bed at 10-30 the night before he came to the Hospital without any difficulty in breathing, and awoke at 5 A.M. with a feeling of suffocation. Leeches were applied to the throat, and blood taken from the arm. This gave him temporary relief, but the urgent symptoms again came on, and tracheotomy was performed by Mr. Morris, the House-Surgeon, with immediate relief. He progressed most favourably for ten hours, when he was seized with a fit of delirium, and suddenly expired. *Post-mortem* examination showed the epiglottis to be in a state of slough with serous effusions in the surrounding cellular tissue ; there was emphysema of the cellular tissue in the posterior mediastinum and compression of the lungs.

Ligature of Arteries. — The following case has been under the care of Mr. Skey, in St. Bartholomew's Hospital:—A man, aged 28, well nourished, though at the time of the operation much reduced by frequent hemorrhage from a wound in the palm, accidentally inflicted on Jan. 17. A ligature had, on the day of the injury, been placed on a bleeding vessel in the palm when he applied at the London Hospital. On his admission the edges of the wound were sloughing, and the tips of the index and middle fingers in an almost gangrenous condition. The radial and ulnar arteries were tied, and the hand enveloped in a linseed-meal poultice. On Feb. 12th, the ulnar ligature separated and hemorrhage commenced from the proximal end of the ulnar artery. It was deemed advisable to again cut down upon and tie the vessel higher than before. On Feb. 16th, hemorrhage from the distal and proximal ends of the ulnar artery, and oozing from the palm came on. The brachial was tied on this day at the point where it crosses the insertion of the coraco-brachialis muscle. Much difficulty met with in consequence of the number of large venous trunks in that situation. On Feb. 18th, the distal end of the ulnar artery again poured forth a large quantity of blood.

Some bleeding also from the brachial wound. The axillary was tied by Mr. Skey on this day. The patient has been discharged quite well, though hemorrhage several times occurred after the ligature of the axillary, evidently from the whole calibre of that vessel.

Operations for Enlarged Bursa.—Case 1.—A woman, aged 22, was admitted, under the care of Mr. Cock, into Guy's Hospital, having an enlarged bursa, the size of a walnut, beneath the tendon of the flexor carpi ulnaris muscle. It had occasioned great pain by pressure on the ulnar nerve, and had caused contraction of the little ring finger. Mr. Cock laid it freely open, removed some small melon-seed-like bodies, and left the cavity to fill by granulation. There has been no undue inflammation, and the healing is now all but complete. *Case* 2.—A man, aged 26, was admitted into Guy's Hospital, under the care of Mr. Birkett, on account of a ganglion in connection with the tendon of the peroneus tertius, which had given him much trouble. It had been twice laid open, but when healed the fluid had on each occasion resecreted. Mr. Birkett dissected it out, together with some fibres of the tendon to which it adhered. The suppuration which followed extended up the leg, but it subsided after a time, and the wound healed.—*Med. Times and Gaz.*, June 23 and 30th, 1855.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Committee on Medical Topography and Epidemics, of the American Medical Association.—At the last annual meeting of the American Medical Association in Philadelphia, May, 1855, a committee was appointed, of one member from each State and Territory, and one from the Army and one from the Navy of the United States, to report upon the medical topography and the epidemic diseases of the United States, and the most successful treatment of the latter.

A circular was issued, signed by several members of this committee, viz: by James W. Thompson, M. D., of Delaware; Jacob M. Gemmil, M. D., of Pennsylvania; G. Mendenhall, M. D., of Ohio; J. H. Beech, M. D., of Michigan: Joseph Mauran, M. D., of Rhode Island; and Thomas Miller, M. D., of the District of Columbia, requesting the members to assemble at Newport, on Tuesday, the 14th day of August; and on that day, in the Redwood Library, Drs. Thomson of Delaware, Smith of New Jersey, Perkins of Vermont, Mauran of R. Island, and Shattuck of Mass., were present. The meeting was called to order, at 10 A. M., Dr. Thomson was chosen chairman, and Dr. Mauran, Secretary.

On motion, it was voted, unanimously, that Drs. Dunn and King, of Newport, and Dr. Steiner, of Baltimore (all permanent members of the Association), be invited to participate in the discussions of the committee.

It was voted—that the first business in order be the reading of communications from members of the committee not able to be present, viz: Drs. Weston of Maine, Peaslee of New Hampshire, Mendenhall of Ohio, Sutton of Kentucky, Beech of Michigan, Haskins of Tennessee, and Wroth of Maryland.

After the reading and due consideration of these communications and a free interchange of opinions, a sub-committee was constituted by the appointment of Drs. Perkins, Smith, and Shattuck, to take the subject of the communications and views of members into consideration, and to report at the next meeting; and the committee adjourned to meet at the same place at 5 o'clock P. M.

The committee came together at the appointed time, when the following report was made and adopted:—

Report of the Sub-Committee.—"The written communications of those absent and the expressed opinions of those present, show there is but one opinion on the part of all as to the importance of prompt and effective measures being at once taken to secure the collection of such facts and histories, as may enable the committee to draw up their reports satisfactorily. The subject-matter is so vast, that many collaborators are needed. Each member of the committee has the power to associate with him any professional brethren who may be able and willing to take part in the work. Very valuable aid can be rendered by State and County Societies, whose co-operation it is advisable to invite. At the same time some members of the Committee are mistaken in supposing that the reports must first be made to, and adopted by a State or County Society. A proposition to this effect was made, but was *not* adopted by the Convention—one obvious reason for this refusal being found in the fact that there are no such societies in many States and Counties.

"Your Sub-Committee think it desirable to try to get the histories of all epidemics which have prevailed since the settlement of the country. Our reports must be made by the first of May, 1858, but we must at once set about seeing what materials we can get together. A general appeal to all members of the profession seems desirable, and a form of circular is subjoined, which it is proposed to send out as extensively as possible. Each member will make his own researches according to time and facilities, and in this way, when the Committee next come together, they may hope to have a mass of material, from a careful examination of which, shape and direction may be given to the reports."

At a meeting of the Committee at the same place, on the 15th of August, Doctors Mauran and Shattuck were appointed a Sub-Committee to print and send the circulars to the absent members, with an account of the proceedings.

On motion by Dr. Smith, seconded by Dr. Shattuck, it was

Voted, That the thanks of this Committee are hereby cordially tendered to the proprietors of the Redwood Library, for the free use of their commodious rooms, and also to our medical brethren at Newport, Doctors Dunn and King, for their continued courtesies and elegant hospitality extended to all the members of the Committee whilst sojourning in their city.

Voted, That the proceedings be signed by the Chairman and Secretary.

Voted, That this meeting is now adjourned to the first Wednesday in May, 1856, at the city of Detroit.

James W. Thomson, M. D.,
Chairman.

Joseph Mauran, M. D., *Sec'y.*

Circular.—The Committee of the American Medical Association "on Medical Topography, Epidemic Diseases, and most successful treatment thereof," address you this circular in their endeavour to get together materials for a medical history of the country. Please communicate to the address of the undersigned, any and all information which may enable him to make a report, in which due credit will be given to each collaborator, and his name mentioned in connection with facts and histories furnished by him.

Please mention everything that has been printed or published about the medical history of your district, any topographical account of histories of particular epidemics, and say how far your own observation enables you to vouch for facts therein presented.

Geological and physical charts are very desirable, as well as descriptions of peculiar features of country or city.

Please mention *all epidemics* of which you may have any knowledge, being particular to assign limits of time and space as exactly as possible, giving, in connection with each disease, the peculiar features of the country, city, ward, or street where it prevailed, with slope of rocks, character of soil, meteorological records and observations, altitude above the ocean or adjacent bodies of water, character of the water, artificial changes as by cultivation, cutting down or planting of trees, sewerage, drainage, &c. &c.

Any supposed causes of disease, peculiar symptoms, *post-mortem* appearances, prevention, therapeutical influences, and all details of age, sex, nativity, occupation, &c., of individuals, and of the duration and severity of disease at different periods, proportion of mortality, &c. &c., should be given.

An early answer to this communition is desired.

[This circular will be signed by the respective members of the Committee of the several States through which it is to be distributed.] —*Boston Med. and Surgical Jr.*, Sept. 6, 1855.

Mortality from Yellow Fever at New Orleans.—The total number of deaths in New Orleans for the week ending Sept. 9, was 373. Yellow fever 255, other diseases 118. It is stated that the epidemic reached its culminating point on the week ending the 20th of August, when the number of deaths was 394. For the next week, ending the 27th August, the deaths from yellow fever had fallen to 357; for the week terminating September 3d, they were 301, and for the last week, ending on the 9th, they were 255.

The whole number of deaths from yellow fever, reported by the Board of Health for the present season, amount to 1,950. The yellow fever deaths in 1854, numbered 2,508.

The following table of yellow fever deaths for the present season shows the progress of the disease:—

Week ending	June 30,	17
“ “	July 9,	32
“ “	“ 16,	44
“ “	“ 23,	119
“ “	“ 30,	173
“ “	August 6,	222
“ “	“ 13,	291
“ “	“ 20,	394
“ “	“ 27,	357
“ “	September 3,	301
“ “	“ 9,	255
		2205

—

Yellow Fever at the South.—Yellow fever which prevailed to a dreadful extent in Norfolk and Portsmouth, and in a most malignant form, has now abated. It has broken out at Vicksburg, Yazoo city, Cooper's Well, Jackson, Canton, on the plantations in Wilkinson County, and other places in Mississippi.

—

American Physicians in the Crimea.—Dr. N. E. Gage in a letter from Berlin to the Editor of the New Hampshire Journal of Medicine, states that "twenty-four American Physicians have now gone to the Crimea. I wish that a word expressed in your Journal would do any good in persuading our young medical men at home, that the prospect is really anything but encouraging, without one is qualified for the greatest physical trials, and for continual embarrassment from an ignorance of the language."

—

Atlanta Medical and Surgical Journal.—This is the title of a new candidate for Professional favour, edited by Dr. Jos. P. LOGAN and W. F. WESTMORELAND, Professors in the Atlanta Medical College. The first No., which appeared last month (September), is an interesting one, and manifests a dignified catholic spirit on the part of its conductors. We wish it every success.

—

The Physician's Visiting List, Diary, and Book of Engagements for 1856.—We are indebted to Messrs. Lindsay & Blakiston for a copy of this convenient book, which we strongly recommend to the attention of those who have never used it. To those who have done so, no recommendation is necessary, they will, we are quite sure, consider the possession of it indispensable.

Dr. Benedict's Sanitarium at Magnolia, East Florida.—We take pleasure in recommending this institution, which is to be opened in November next to physicians, and to invalids laboring under affections of the throat and lungs. It is easy of access, being but one day's journey by steamboat, from Savannah or Charleston, and four days by steamer, from Philadelphia or New York *via* Charleston or Savannah. The location has been selected after much observation and deliberation, as possessing as many if not more, advantages than any other in this country. The mean temperature of the winter months there is about 60°; frost is rarely seen. The house is commodious, has large airy chambers, and is said in every respect to be well constructed for the purpose. Dr. Benedict, who was lately superintendent of the New York State Lunatic Asylum, is well known as a skilful and most humane physician, and the invalid may feel confident of receiving there every comfort which kindness and professional skill can afford.

—

The late Dr. Moreton Stillé.—Extract from the minutes of the Philadelphia Association for Medical Instruction:—

"At a special meeting held by the Association this evening, for the purpose of taking action in regard to the death of their late Associate, Moreton Stillé, M. D., who departed this life on the 20th inst., it was unanimously

Resolved, That in Dr. Moreton Stillé we have to lament a most zealous and efficient colleague; one who in all the relations of life was most exemplary and unexceptionable; as a friend, earnest and steadfast; as a man, upright and punctilious; as a gentleman, affable and courteous; as a physician, mature in judgment, skilful and humane; and self-sacrificing in his efforts to promote the interests of his profession.

Resolved, That we will attend the funeral of our late member, to-morrow, at 4 o'clock P. M.

Resolved, That a copy of these resolutions be transmitted to the family of the deceased, as an expression of our deep sympathy with them in their sad bereavement."

ELLERSLIE WALLACE, *Sec'y.*

August 22, 1855.

PHIL'A, Aug. 23, 1855.

At a meeting of the students of the "Philadelphia Association for Medical Instruction" held this morning, the following preamble and resolutions were unanimously adopted:—

Whereas, It has pleased an all-wise Providence to remove from our midst a valuable instructor and friend, Dr. Moreton Stillé, Lecturer on the Principles and Practice of Medicine in the Association, whose able and conscientious discharge of his duties has filled us with esteem, and whose moral worth and valuable counsels have thrown around us the closest ties of affection: Therefore,

Resolved, That while we bow submissively to the Divine decree, we make this expression of heartfelt sorrow for his death and respect for his memory; feeling that not to ourselves alone, but that to medical science at large, his loss is one of no ordinary character.

Resolved, That we sincerely sympathize with the family and friends of the deceased in their bereavement.

Resolved, That we will attend the funeral and wear the usual badge of mourning for thirty days.

Resolved, That a record of the proceedings of this meeting be sent to his family, and likewise be published in the "Medical News" and "Medical Examiner."

S. Baxter, *Chairman.*

E. Strudwick, *Sec'y.*

Obituary Record.—Died, at Reading, Pennsylvania, September 12th, Isaac Hiester, M. D., in the 71st year of his age.

In New York, on the 12th of August, in the 65th year of his age, Dr. J. C. Bliss.

In Washington, on the 12th September, Henry S. Hielkell, M. D., Surgeon U. S. A.

At Laona, Illinois, at a venerable age, Stephen W. Williams, M. D., formerly of Deerfield, Mass.

FOREIGN INTELLIGENCE.

Death from Chloroform.—A young lady, Miss Naylor, residing with her friends in Hanover street, Sheffield, was for some time past in the habit, notwithstanding the remonstrances of those about her, of inhaling chloroform for the purpose of producing trance, and allaying the pain consequent upon an affection of tic douloureux, to which she was much subject. The result, as might be conjectured, was, that the sufferer inhaled an over-dose of the anæsthetic agent, and upon her friends entering her room one morning this week, they found her a lifeless corpse in bed, with the bottle which had contained the chloroform by her side. Dr. Bartolone was called in, but he found the body quite rigid, and the vital spark had been extinct for some hours.—*Lancet*, Sept. 1.

Epidemic of Gangrenous Ergotism observed in the Hôtel-Dieu of Lyons. By Dr. Barrier.—Many years have elapsed since gangrenous ergotism had been observed at the Hôtel-Dieu of Lyons, in any other than a perfectly sporadic form; but during the last year about thirty patients have been admitted into that institution labouring under this species of gangrene, and coming for the most part from the departments of Isère, Loire, Haute-Loire, and Ardèche. A few belonged to the Rhône and other neighbouring departments. The epidemic seems, to judge from the cases treated in the institution, to have attacked men in preference to women. The age of the patients varied from 12 to 60 years. The majority of the patients were, previously to the debility due to the gangrene, in a state of constitutional or acquired weakness, which must have presented an unfavourable predisposition. The gangrene chiefly attacked the feet and hands, and from them ascended towards the trunk. In no patient was the head or trunk affected with mortification; in the greater number the gangrene destroyed an entire, or almost an entire, foot; in some, a toe only; in others, the two lower limbs mortified nearly to the knee. In a child, aged 14, the disease did not stop until it had reached the middle of the thigh.

Less common in the upper extremities, the gangrene most frequently implicated one or more fingers; it sometimes reached, but seldom passed, the wrist. Local examination seemed, observes M. Barrier, to demonstrate the existence in almost all the patients, of either primary or secondary arteritis. We regret very much that the surgeon-in-chief of the Hôtel-Dieu of Lyons did not avail himself of these cases to give a tolerably complete description of arteritis. The gangrene in general was dry; still there were some cases of moist gangrene. In most instances the surgeon confined himself to waiting for the spontaneous separation of the mortified portions, regulating as much as possible those stumps which presented bony projections, or too unequal flaps. Amputation of the leg was twice performed at the place of election; one of the patients recovered, the other died. This epidemic presents the closest resemblance to that of 1814, which was described by Dr. Janson, of the Hôtel-Dieu of Lyons.—*Dublin Medical Press*, August 29, 1855, from *Gazette Hebdomadaire*, August 3, 1855, p. 581.

—

The Ingestion of the Cysticercus Cellulosus the Cause of Tænia.—Dr. Küchenmeister, of Zittau, has published in the *Wiener Med. Wochenschrift*, (No. I., 1855,) a series of experiments made upon an individual condemned to capital punishment, which would tend to show that the tænia solium is generated by the cysticerci cellulosi which we swallow with our food. The culprit was made to ingest, mixed up with various articles of food, seventy-five cysticerci, at periods varying from one hundred and thirty to twelve hours before decapitation. The entozoa were procured from the mesentery of a pig and rabbit; the first used were of the variety of cysticercus "tenuicollis" and "pisiformis;" but the latter and greater portion were actual cysticerci cellulosi. The intestines were examined forty-eight hours after death. In the duodenum was found a little tænia adherent to the mucous membrane; and in the water used to wash this portion of the bowel, other specimens of tænia, about the sixth of an inch long, were also seen. It is supposed that these were the result of the cysticerci which were first swallowed one hundred and thirty hours before death, as not a trace of those ingested near the time of decapitation was discovered.

M. Küchenmeister concludes from these experiments—1. The cysticercus, introduced into the economy of man, is transformed into the tænia solium. 2. The mode of transmission of the tænia solium is the same as that of all the entozoa which originate from cysticerci. 3. Men become affected with the tænia solium by eating either uncooked articles of food, or cooked and ingested cold, as procured from pork-butchers, &c.

The author has succeeded, as had before him Benedeus, in *generating* the cysticercus cellulosus in the pig by administering joints of the tænia. This result was, however, not obtained with the dog or sheep. He urges upon his professional brethren to repeat his experiments, but to begin earlier than he did, and contrive to make a prisoner likely to suffer capital punishment, ingest fresh cysticerci, at the distance of four weeks, several times over. The experiment is, according to Dr. Küchenmeister, quite justifiable; for even in case the man were not condemned, it would be an easy matter to expel the artificially produced tænia.—*Lancet*, July 28, 1855.

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Experiments on the Smoke of Tobacco.—In Froriep's *Journal*, of a recent date, an interesting article has been published on the habit of tobacco smoking, and on poisoning by nicotine. Amongst the facts there mentioned, are the experiments instituted by M. Malapert, a pharmacien of Poitiers. His intention was to ascertain the exact quantity of nicotine absorbed by smokers, in proportion to the weight of tobacco consumed.

The apparatus used consisted of a stone jar, in which the tobacco was made to burn, connected with a series of bottles communicating by tubes. The bottles were either empty, or contained some water mixed or not with a little sulphuric acid. From a few experiments, it was found that, in the smoke of tobacco extracted by inspiration, there is ten per cent. of nicotine. Thus a man who smokes a cigar of the weight of seventy grains receives in his mouth seven grains of nicotine mixed with a little watery vapour, tar, empyreumatic oil, &c. Although a large proportion of this nicotine is rejected, both by the smoke puffed from the mouth, and by the saliva, a portion of it is nevertheless taken up by the vessels of the buccal and laryngeal mucous membrane, circulated with the blood, and acts upon the brain. With those unaccustomed to the use of tobacco, the nicotine, when in contact with the latter organ, produces vertigo, nausea, headache, and somnolence; whilst habitual smokers are merely thrown into a state of excitement, similar to that produced by moderate quantities of wine or tea.

From further investigations it is found that the drier the tobacco the less nicotine reaches the mouth. A very dry cigar, whilst burning, yields a very small amount of watery vapour; the smoke cools rapidly, and allows the condensation of the nicotine before it reaches the mouth. Hence it comes that the first half of a cigar smokes more mildly than the second, in which a certain amount of condensed watery vapour and nicotine, freed by the first half, are deposited. The same remark applies to smoking tobacco in pipes, and if smokers were prudent, they would never consume but half a cigar or pipe and throw away the other. Smoking through water, or with long tubes and small bowls, is also a precaution which should not be neglected.—*Lancet*, Sept. 1.

—

Effects of Alcohol on the Constitution.—DR. DUCHEK, in a memoir on this subject, comes to the following conclusions as the result of his observations: 1. Alcohol undergoes within the body a gradual combustion, the products of which are found in the blood. Experiment has shown that Alcohol absorbed by the stomach is immediately converted into aldehyde, and this substance combining with oxygen produces acetic and oxalic acids, which are found in the blood after the narcotic effects have disappeared. 2. The phenomena of intoxication are due to the presence of aldehyde in the blood. 3. The action of this substance seems to consist in the rapid abstraction of oxygen from the blood, and the arrest of the nutritive functions by retarding the combustion of other substances within the body.—*Ed. Med. Journal*, August, from *Viert. &c.*

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Resignation of Professor Alison.—Dr. ALISON, the distinguished professor of the Practice of Medicine in the University of Edinburgh, has been induced by failing health to resign his chair. On his resignation being presented to the town council, a resolution was unanimously adopted expressive of deep sympathy with Dr. Alison in his affliction, and profound regret that his resignation should be necessary; also that he be appointed emeritus professor, and that it be recommended to the Senatus Academicus to confer on him a suitable retiring allowance, for the lustre his services have reflected on the school.

—

German Universities.—In the 28 German Universities there are 1,699 persons engaged in the business of teaching. Of these there are 847 professors, 253 assistant-professors, 46 honorary professors, 450 private teachers, besides several masters of languages. During the recent winter semestre there were 18,201 students registered, the numbers being for that of 1851-'52, 19,354, and for 1852-'53, 18,596. The total number of foreigners at the Universities amounted to 2,711.—*Medical Times and Gazette*, May 5, 1855, from *L'Union Médicale*, No. 42.

—

Cholera.—The Cholera has spread from Pesth to all parts of Hungary, and is extremely violent in some of the districts near the river Theiss.

The cholera is still doing much mischief in the villages of Lombardy and the Venetian provinces, and, strange to say, this year the situations most likely to be exempt by altitude, etc., have suffered most; thus, the small towns in the Varese and at the foot of the Alps, have been more severely attacked than Milan or Venice.

From official returns it appears that at Madrid from the commencement of May to the end of August, 2,958 persons were attacked by cholera, of whom 1,783 died. The disease has broken out with extreme violence at Pampeluna.

—

Natural History Chair in University of Edinburgh.—Prof. GEORGE JAMES ALLMAN, Prof. of Botany in Trinity College, Dublin, has been appointed Professor of Natural History in the University of Edinburgh, in place of the late Dr. Forbes.

—

Gluten Bread.—Dr. JOHN ALDRIDGE gives (*Dublin Hospital Gazette*, June 15, 1855) the following as the best formula for this:—

℞ Fresh moist gluten, 24 oz.
Bicarbonate of Ammonia, ʒiij. gr. xij.
Common salt, ʒiss.
Powdered caraway, 48 grs.
Wheaten flour, 4½ oz.
Powdered bran, 1½ oz.
Salt butter, 4 oz.

The above quantities yield 24 oz. of bread, when baked. It should be baked in small and flat circular tin pans, placed on a moderately heated hot-hearth.

For obtaining the gluten, Dr. A. makes a stiff paste with flour and cold water, and then kneads it with the hands under a current of water, on a slanting board placed in a ten gallon black crock, until starch can no longer be detected in small portions (taken from different parts of the mass) by tincture of iodine.

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CLINICS.

Statistical Report of the Principal Operations performed in the London Hospitals, during June, 1855.

Lithotomy.—Number of cases, 4. Recovered, 1. Under treatment, 2. Died, 1.

Case 1.—A boy, aged 3, under the care of Mr. Fergusson, in King's College Hospital. He was in good health, and symptoms of stone had been observed for about three months. A calculus, the size of a horse-bean, was removed by the usual operation. Doing well. *Case* 2.—A healthy boy, aged 12, under the care of Mr. Coulson, in St. Mary's Hospital. Symptoms had existed for three years. The stone was crushed during the operation, and was extracted in fragments. The whole together weighed two drachms and a half. Doing well. *Case* 3.—A boy, aged 5, under the care of Mr. Callaway, in Guy's Hospital. Although not cachectic, he was in delicate health, being fat but very pallid. The usual operation was performed. Recovered. *Case* 4.—A healthy-looking child, aged 3, under the care of Mr. Coulson, in St. Mary's Hospital, having had symptoms of stone for a year past. A stone, the size of a flattened bean, was removed by the usual operation. On the day following the operation the child was attacked by convulsions, from which death followed in about twelve hours.

Lithotrity.—A man on whom several lithotrity operations were performed in April, by Mr. Hilton, remains under care as an out-patient at Guy's Hospital. Mr. Coulson's case mentioned last month is also under care and doing well.

A healthy-looking man, aged about 58, is under the care of Mr. Curling, in the London Hospital, and has had three operations performed during June without ill results. He is still an in-patient.

Lithectasy in the Female.—A little girl, aged three years and a half, was admitted under the care of Mr. Erichsen, into the University College Hospital, having suffered very severely from the usual symptoms of stone. With some difficulty the presence of a calculus in the bladder was ascertained. Mr. Erichsen employed sponge tents as dilators for about three hours previous to the attempt at extraction. The child being put

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Published monthly by BLANCHARD & LEA, Philadelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage to the subscriber.*

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under the influence of chloroform, and placed in the proper position, a bivalve dilator was employed for a few minutes to complete the requisite dilatation of the urethra. A pair of small forceps was next introduced, and the stone seized and withdrawn. It proved to be of about the size of a shilling. No incision or laceration of the meatus was found necessary. The child recovered perfectly, and no incontinence of urine resulted.

Trephining of the skull.—*Case* 1.—A man of middle age was admitted into the London Hospital, having sustained a compound and comminuted fracture of the right frontal bone, from the falling of a heavy stone on his head. Besides the injury to the skull, the stone had fallen also on the chest and abdomen, and inflicted serious contusions, as well as fractures of several ribs of the right clavicle. He was quite conscious, and without paralysis. Mr. Corner, the House-Surgeon, removed, immediately after admission, several portions of the outer table, which were detached and driven inwards. It was seen, when these had been taken away, that the inner table had been broken, and driven under the edge of the adjacent part of the skull. In order to elevate these, Mr. Gowland had to employ the trephine, after which the removal of the depressed portions was easily effected. The dura mater was not torn. The man remained without head symptoms until the time of death, which took place on the following day. The cause of the fatal event had probably no connection with the injury to the skull, having been preceded only by extreme difficulty of breathing, pain in the abdomen, and much emphysema of the walls of the chest. *Case* 2.—A delicate boy, aged 16, was admitted, under the care of Mr. Lane, into St. Mary's Hospital, having sustained a compound fracture, with depression of the posterior part of the frontal bone. He was insensible. By the use of Hey's saw a small fragment of bone was liberated, and taken away. Complete relief to the symptoms followed, and although a severe attack of erysipelas subsequently occurred, the lad is now doing very well.

Cæsarean Section.—The Cæsarean section for the removal of a fœtus from the peritoneal cavity was performed during June by Mr. Erichsen, in University College Hospital. The following are the facts of the case: A married Irishwoman, aged 38, was advanced twelve hours in her sixth labour, when the accoucheur in attendance felt the head of the child, which had come low down, suddenly recede. Symptoms of ruptured uterus followed. Dr. Murphy was now called in consultation, and having found that the fœtus could be easily felt through the abdominal walls, and was apparently quite loose, while it could not be reached by the vagina, concurred in the opinion already formed that the uterus had given way. The woman was not at this time in a very collapsed state, and as her own home was such as to preclude the possibility of proper care being obtained, her removal to the University College Hospital was advised. She bore the journey ill, and was much more sunken when admitted than she had previously been. A further consultation having taken place, Mr. Erichsen proceded to remove the fœtus by gastrotomy. An incision about six inches in breadth was made in the median line, between the umbilicus and pubes. The fœtus was easily reached; and, as expected, was found loose in the peritoneal cavity. It was removed (dead), together with the whole of the cord and the placenta. Not much hemorrhage occurred, nor was much blood found in the abdomen. Stimulants, opiates, etc., were liberally employed afterwards, but in spite of them the woman sank, and died in about three hours. Her friends resolutely refused to allow a *post-mortem*, but an opportunity was obtained of examining the uterus. This organ proved to be uninjured; it was about the size of a cocoa-nut, and in the usual condition of one from which a fœtus had recently been removed. There were appearances of laceration and ecchymosis about the posterior part of the vagina, where attached to the cervix uteri; but unfortunately it had been cut too shortly away to have included the rent which was inferred to have existed. The condition of the uterus made it quite certain that the case had not been one of extra-uterine fœtation, and the only possible method by which the fœtus could therefore have found its way into the peritoneal cavity was by laceration of the cul-de-sac of the vaginal wall surrounding the uterine cervix. This was, therefore, no doubt, the accident which had occurred.

Herniotomy.—Number of cases, 9; recovered, 2; under treatment, 3; died, 4. *Case* 1.—A man, aged 73, under the care of Mr. Erichsen, in University College Hospital. The hernia was femoral, and had been strangulated forty-eight hours. The tumour was very tense; there had been constipation, but no vomiting. Taxis having failed, the operation was resorted to, the man being at the time in very fair condition. The sac was not opened. An attack of inflammation of the cellular tissue of the scrotum, not apparently connected with the wound, nor yet resulting in suppuration, followed, but it passed off, and the man made a good recovery. *Case* 2.—A woman, aged 40, under the care of Mr. Lane, in St. Mary's Hospital. Hernia femoral, of twenty-five years' standing; strangulated twenty-five hours. The sac was opened and found to contain intestine and omentum. The former was returned; the latter being adherent, and having apparently lost its vitality, was cut away, having first had a ligature placed round its constricted part. The patient recovered well, and is now waiting in the hospital for a truss. *Case* 3.—A man, aged 53, under the care af Mr. Callaway, in Guy's Hospital. Hernia femoral, very large, strangulated fifty-two hours. The sac was opened, and the bowel returned. The man has since done well as far as the bowel is concerned, but the wound has taken an hospital phagedæna, and the result is as yet doubtful. *Case* 4.—A man, aged 48, intemperate and of impaired constitution, under the care of Mr. Luke, in the London Hospital. The hernia was of the congenital form, and had existed for sixteen years, having been irreducible to a large extent. The increased protrusion had occurred about twenty-two hours before admission, and, although there was but little tension, yet the seat of stricture was accurately marked by the cessation of impulse on coughing, at a point about two inches below the external ring. Mr. Luke made an incision about an inch and a half long over this spot, and having divided a band of fascia, which constituted the stricture, reduced the protruded bowel without opening the sac. Inflammation of the cellular tissue of the scrotum followed the operation, and some sloughing has occurred. The man is yet in a very feeble condition, and his recovery is doubtful. There has been no peritonitis. *Case* 5.—A small infant, aged seven months, under the care of Mr. Cock, in Guy's Hospital. Hernia inguinal, strangulated eighteen hours, and the size of a pigeon's egg. The sac was not opened. Under treatment. *Case* 6—A healthy woman, aged 47, under the care of Mr. Fergusson, in King's College Hospital. The hernia was femoral on the left side, about the size of a walnut, and strangulated eighteen hours. The sac was opened, and the bowel found very much congested. Death from peritonitis occurred on the ninth day. No autopsy allowed. *Case* 7.—A man, aged 58, under the care of Mr. Holt, in the Westminster Hospital, on account of a direct inguinal hernia which had been strangulated three days. The sac was not opened. Death followed twelve hours after the operation. The autopsy showed extensive peritonitis, the result of perforation of the strangulated portion of intestine. *Case* 8.—A man, aged 51, under the care of Mr. Lloyd, in St. Bartholomew's Hospital. Hernia inguinal, strangulated eleven hours, sac not opened. The man's health had previously been good, and, at the time of the operation, his condition was good. Inflammation of the cellular tissue of the groin followed, and extended to the thigh and the abdomen; separate swellings also formed on different parts of the anus. No rigors occurred, but the man sank into a state much resembling that of pyæmia, the tongue being dry and brown, etc. Death took place on the ninth day. At the autopsy there were found only the evidences of very slight and local peritonitis. The swellings on the anus did not contain pus, but only a fluid serous effusion, nor was there any suppuration in the cellular tissue of the abdomen or thigh. *Case* 9.—A man, aged 45, under the care of Mr. Stanley, in St. Bartholomew's Hospital. Hernia inguinal on the right side. The sac was opened and found to be enormously thickened, and to contain only omentum, the latter being adherent below. The omental mass was divided through the middle, and ligatures having been applied to the bleeding vessels, the upper part was allowed to return into the abdomen. The man did pretty well for two days, when the abdomen became distended with flatus. The scrotum, which, from the violent efforts at reduction which the patient himself had resorted to before admission, had throughout been red and inflamed, now became swollen, tense, and dusky. The condition increased, and gangrene impending, free incisions were practised. Delirium supervened; the tympanitis, despite the free escape of flatus per anum, increased, and the sloughing involved a large part of the scrotum. Death from exhaustion took place on the eighth day.

Ligatures of Arteries.—*Case* 1.—A healthy man, aged 20, was admitted into St. Bartholomew's Hospital, having sustained a severe lacerated wound of the palm from a piece of glass. He had lost a large quantity of blood, and no doubt was entertained that the superficial palmar arch had been wounded. Mr. Skey tied both ulnar and radial arteries at the wrist, the operation being performed soon after admission. There was no recurrence of hemorrhage, and the wounds are now healed. *Case* 2.—A man, aged 41, under Mr. Critchett's care in the London Hospital, a large fibro-plastic tumour having been removed from the inner aspect of the right thigh. (See last report, "Removal of Non-Malignant Tumours," *Case* 7, page 161.) In the removal of the tumour, the sheath of the femoral vessels had been laid bare for the extent of an inch and a half. All went on well until the eleventh day, when very suddenly a most profuse hemorrhage occurred. Mr. Adams, who was in the hospital at the time, was at once called to the case. The wound having been cleaned out, and all clots removed, the portion of the femoral artery which had given way was easily fixed, and a ligature was passed beneath the vessel above it and tied. After this, however, there was seen to be venous hemorrhage still going on apparently from the femoral vein below the rent in the artery. Mr. Adams, accordingly, included both artery and vein in a second ligature below the first. No ill symptoms followed ; there was observed, indeed, scarcely any swelling of the thigh or distension of the superficial veins. Both the ligatures have now come away, and the case is doing well.

Amputations.—Of the cases left under care by last report, *Case* 7 (Mr. Simon's Pirogoff amputation) is recovered. The man has an excellent stump. A few sinuses still remain open, through which it is possible a few little spiculæ of bone may have to escape, but the greater part of the stump is quite sound, and will bear pressure. *Case* 6.—Mr. Cutler's Lisfranc remains under care.

Number of cases 13 ; recovered 6 ; under treatment 3 ; died 4.

Of the Thigh.—*Case* 1.—A girl, aged 13, under the care of Mr. Erichsen, in University College Hospital, on account of acute necrosis of the upper part of the tibia and disease of the knee joint. The disease had existed only from five to six weeks, but it had reduced the patient to a condition of extreme exhaustion. There was a large abscess in the leg. Amputation through the thigh was performed, and the child made a quick recovery. *Case* 2.—A delicate strumous girl, aged 13, under the care of Mr. Lane, in St. Mary's Hospital, on account of diseased knee-joint and necrosis of the tibia. A double-flap amputation through the thigh was performed. Some hemorrhage occurred about three hours after the operation, but since that the case has done well, and the stump is now almost healed. Recovered. *Case* 3.—A delicate-looking boy, aged 16, under the care of Mr. Skey, in St. Bartholomew's Hospital, having for seven years suffered from disease of the knee-joint. A prolonged treatment having failed to be of advantage, amputation through the thigh was performed. The stump is now nearly healed, and the lad is rapidly improving in health. The joint was found to be quite destroyed, the synovial membrane being thickened, the cartilage ulcerated, and the bone carious in many parts. *Case* 4.—An unhealthy strumous boy, aged 3, under the care of Mr. Skey, in St. Bartholomew's Hospital, on account of diseased knee-joint. He had been under treatment in the hospital for three months before the operation, but without benefit, his health gradually failing. Circular amputation through the thigh was performed. Nearly well. On examining the joint after removal, the cartilage was found removed in parts by ulceration, but the bone beneath was not carious ; the synovial membrane was thickened. *Case* 5.—A woman, aged 27, under the care of Mr. Lawrence, in St. Bartholomew's Hospital, on account of diseased knee-joint. She was in an advanced stage of phthisis, and the subject of hectic and extreme exhaustion; but as there was profuse discharge from the joint and much pain attending it, Mr. Lawrence determined to remove the limb, in the hope of affording temporary relief. This was done, and for a week the woman appeared likely to recover well. Severe rigors subsequently came on, aphthæ appeared about the mouth, and, on the fourteenth day, death took place. The tongue had been throughout red and glazed, not brown, and her condition altogether rather resembled that of extreme hectic than pyæmia. Rigors had occurred before the amputation as well as after it. No autopsy was permitted. *Case* 6.—A boy, aged 15, under the care of Mr. Cock, in Guy's Hospital, on account of a severe burn of the leg. Sloughing and extreme constitutional disturbance occurred, and it became needful to amputate through the thigh in order to afford a chance of life. Pyæmia, however, supervened, and the boy died a week after the operation. The autopsy showed patches of lobular pneumonia in different parts of the lungs. *Case* 7.—A boy, aged 10, in a very exhausted condition from old-standing disease in the knee-joint, and suppuration among the muscles of the leg. Amputation through the thigh. Death followed a few days after.

Of the Leg.—*Case* 8.—A man, aged 40, under the care of Mr. Erichsen, in University College Hospital, on account of disease of the ankle-joint. Chopart's amputation had been performed about a year ago by Mr. Marshall, on account of disease of tarsal bones. Amputation just below the knee was now performed. Recovery. *Case* 9.—A man, aged 40, under the care of Mr. Birkett, in Guy's Hospital, on account of a large cancerous ulcer on the leg, involving the tibia. Much treatment had been exhausted in the attempt to destroy the growth and prevent its reproduction, and amputation was accordingly resolved on. After removal, the disease was found to extend into the structure of the tibia, and the compact tissue of the bone was much increased in thickness. The man recovered well from the amputation. *Case* 10.—A man, aged 60, under the care of Mr. M'Murdo, in St. Thomas's Hospital, on account of an ulcer of old standing, which extended almost round the leg. Amputation below the knee was performed, the disease appearing past hope of cure. Under treatment. *Case* 11.—A man, aged 48, under the care of Mr. Birkett, in Guy's Hospital. He was in bad health, and was admitted in consequence of having fallen from a great height, and sustained a fracture of several ribs on the right side, and a compound and comminuted fracture of the right tibia and fibula. An attempt was made to save the limb, which was adjusted and placed on a splint. For some days the man seemed likely to do well, but profuse suppuration having set in, his constitutional powers so far gave way that it was thought necessary to amputate. Death followed three days after the operation, in consequence of repeated hemorrhages. The bleeding had been entirely from small vessels.

Of the Foot.—*Case* 12.—A man, aged 40, under the care of Mr. Partridge, in King's College Hospital, on account of diseased tarsus of four years' duration. Amputation was performed at the ankle-joint. Doing well.

Of the Upper Extremity.—*Case* 13.—A boatman, aged 53, of dark complexion and of strumous habit, under the care of Mr. Skey, in St. Bartholomew's Hospital. He had suffered for many years from disease of the wrist-joint. Amputation was performed through the middle of the forearm. The man recovered quickly.

Excision of Bones and Joints.—Several cases of this class remain under care in different Hospitals. Mr. Birkett's case of excision of the knee-joint, in Guy's Hospital, has been affected with hospital gangrene—in other respects the man is doing fairly. Mr. Hilton's case of excision of the os calcis is doing very well; the wound is fast closing, and the child is allowed to walk about.

The following have been performed during the month. *Case* 1.—A boy, aged 14, under the care of Mr. Erichsen, in University College Hospital, with disease of the knee-joint. He was very much enfeebled in health, so much so that Mr. Erichsen deemed it his duty to recommend to the parents that amputation should be performed in preference to excision of the joint. The parents, however, refused to give permission for the removal of the limb, and under these circumstances an excision of the articulation was performed. A semilunar flap was dissected up from the front of the joint, including the patella and its ligament, the latter being cut through. The articular extremities of the femur and tibia were then sawn off, and the carious surface of the patella was gouged away. The greater part of the patella was left. The case has thus far done remarkably well, and the lad is already improving in health, and may be considered out of danger. *Case* 2.—A girl, aged 5, under the care of Mr. Erichsen, in University College Hospital, on acccount of diseased elbow-joint of three years' duration. A ⊢⊣ shaped incision was practised, and the articulate portions of the three bones cut away. The child is doing well. *Case* 3.—A girl of strumous constitution, aged 8, under the care of Mr. Adams, in the London Hospital, on account of diseased os calcis. A free crucial incision was made over the outer aspect of the bone, and the greater part of it, in a state of fragmentary disintegration from caries and partial necrosis, was removed. A large cavity was left which was surrounded by a shell of bone. The child is doing well. *Case* 4.—A woman of strumous habit, aged 25, under the care of Mr. Solly, in St. Thomas's Hospital, on account of carious disease of the os calcis and astragalus. An operation of gouging out the diseased part had been previously performed, but had not been successful, and it had now become needful to repeat the procedure. The case remains under care.*

Removal of Malignant Tumours.—Case 1.—A woman, aged 40, under the care of Mr. Le Gros Clarke, in St. Thomas's Hospital, on account of scirrhus of the breast. The whole gland was removed. Doing well. *Case* 2.—A healthy married woman, aged 53, under the care of Mr. Lawrence, in St. Bartholomew's Hospital, on account of ulcerated scirrhus of the breast, of two years' duration. The entire gland was removed. Recovered well. *Case* 3.—A woman, aged 50, under the care of Mr. Cock, in Guy's Hospital, on account of returned cancer in the cicatrix, after removal of the breast. The original operation had been performed by Mr. Cock, nearly three years ago. The returned disease involved only the cicatrix. It was freely excised. Under treatment. *Case* 4.—A woman, aged 45, under the care of Mr. Ure, in St. Mary's Hospital, on account of a large growth of scirrhus in the right mammary gland. It had been slowly increasing for a year and a half, its growth having been attended by pricking pain. The cancerous cachexia was well marked. The axillary glands were not enlarged. The whole breast was excised, and the mass weighed after removal nearly two pounds. Notwithstanding an attack of erysipelas, the patient has done well, and is fast recovering. The microscope confirmed the diagnosis of the cancerous nature of the growth. *Case* 5.—A woman, aged 60, under the care of Mr. Hutchinson, in the Metropolitan Free Hospital. Her right breast was wholly involved in a mass of ulcerated scirrhus as large as a full-sized fist, and in the axilla, deeply placed, were three cancerous glands, the largest being the size of a walnut. The breast did not adhere to the pectoral muscle, and the axillary glands were movable. The entire breast, the glands, and as much skin as was involved, were excised. The patient is doing well, and the large wound is fast healing. *Case* 6.—A soldier, aged 40, apparently in good health, under the care of Mr. Erichsen, in University College Hospital, on account of a large scirrhous growth in the axilla. The mass was the size of two fists, movable, but extending high under the pectoral muscles, and almost up to the clavicle. From its history it would appear to have been primary cancer of the lymphatic glands. The patient had lost a finger by frost-bite, three years ago, but he had never had any ulcer or growth on the arm or breast. It had existed a year. The operation consisted in dissecting it out, and was accomplished without unusual hemorrhage. The patient sank within a few days from the effects of diffuse inflammation of the cellular tissue, which extended into the mediastinum, along the course of the axillary vein. See also "Amputation of the Penis," and "Excision of the Testis."

Amputation of the Penis.—A man of bad constitution, and very irregular life, was admitted, under the care of Mr. Curling, into the London Hospital, having a large part of the penis involved in a growth of epithelial cancer. It was necessary to amputate at the very root of the organ. The incision was made a little obliquely, so as to leave the urethra rather longer than the rest. Excepting an attack of phagedæna, which was controlled by the nitric acid, the man recovered. Some glands in the groin were a little enlarged, but it was not deemed advisable to remove them.

Excision of the Testis.—Case 1.—A man, aged 31, apparently in good health, under the care of Mr. Hilton, in Guy's Hospital, on account of malignant disease of the left testicle, of thirteen months' standing. The cord was quite healthy, but there were glands in the groin which appeared larger than natural. The usual operation was performed. The bleeding from small vessels was, for a few minutes, very fierce, and a great many ligatures were required. The man is now quite out of danger, and the wound is fast healing. The gland presented after removal a good example of medullary cancer; it was as large as two fists. *Case* 2.—A man, aged 31, under the care of Mr. Brooke, in the Westminster Hospital, on account of a medullary cancer of the testis. The enlargement had commenced a year before, and the scrotum had been ulcerated for four months; the cord was thickened. The testis, the diseased integument, and lower part of the cord, were removed. Doing well. *Case* 3.—A man, aged 57, who has been for some time past under Mr. Cock's treatment in Guy's Hospital, on account of fungous protrusion of the right testis. Escharotics had been applied, and several times it had seemed about to heal, when fresh inflammation would occur. The patient at length desired the removal of the organ; and as it was plain that even if preserved it must be, as regards function, useless, Mr. Cock acceded to his wish. After removal, there was found very little of healthy gland tissue remaining, the greater part of the organ having been converted into a fibrous structure. The wound is healing well.

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*A child, aged 8, is under Mr. Simon's care, in St. Thomas's, in whom the elbow-joint has been laid open, and much of the thickened synovial membrane removed. The bones not being found carious, were not excised; the case does not, therefore, come under the class of "Excisions."

Removal of Non-Malignant Tumours.—*Case* 1.—A man, aged 26, under Mr. Simon's care, in St. Thomas's Hospital, on account of an enlarged lymphatic gland in the parotid region. It was removed, and the wound soon healed. *Case* 2.—An unmarried woman, aged 30, was admitted under the care of Mr. Fergusson, into King's College Hospital, on account of a great and very painful enlargement of the right breast. It appeared that she had been quite well until five months before, when she received a blow on the part, which was followed by inflammatory induration. This subsided, and two months afterwards a small tumour appeared, which during the next three months increased to the size of a fist. The tumour could not be distinguished from the gland with which it is connected; it had no attachments to the pectoral muscle, but was adherent to the skin, and in one spot the latter was ulcerating. There was an enlarged and painful gland in the axilla. The entire breast, and the lymphatic, from the axilla, were removed. The patient is doing well. *Case* 3.—A girl, aged 30, under Mr. Fergusson's care, in King's College Hospital, on account of an epulis growing from the lower jaw. Excision Recovery. *Case* 4.—A woman, aged 36, under the care of Mr. Partridge, in King's College Hospital, on account of a tumour the size of a small orange, over the lumbar vertebræ, which had occasioned much pain. It was excised, and proved to be a sebaceous cyst. *Case* 5.—A woman, aged 55, under the care of Mr. Walton, in St. Mary's Hospital, on account of a tumour the size of a walnut, between the fifth and sixth ribs on the left side, and which had been increasing for several months. After removal, it proved of fibrous nature. Recovered. *Case* 6.—A woman, aged 25, under Mr. Simon's care, in St. Thomas's Hospital, on account of a serocystic tumour in the breast. Excision. Doing well. *Cases* 7, 8, 9, and 10.—These were examples of fatty or atheromatous tumours, not possessing any peculiarity. All removed without ill consequences. *Case* 11.—A girl, aged 25, under Mr. Birkett's care, in Guy's Hospital, on account of a hypertrophy of one nympha. Excision. Recovery. *Case* 12.—A woman, aged 25, under the care of Mr. Luke, in the London Hospital, on account of a tumour the size of a pear, in the left submaxillary region. It had existed thirteen years, but had been increasing rapidly during the last six months. It was excised, and was found afterwards to consist of hypertrophied and softened gland tissue. During the operation, the sheath of the facial artery was laid bare, but the vessel was not injured. The wound is now nearly healed. *Case* 13.—A woman, aged 40, under the care of Mr. Adams, in the London Hospital, on account of two large tumours dipping deeply among the muscles of the back part of the thigh. The largest was much larger than an orange. Both were found in the operation to be suppurated sebaceous tumours, with much thickened walls. It was not practicable to remove the cyst wall, except in parts, and the wounds were accordingly stuffed with lint, and allowed to suppurate from the bottom. Doing well.

Removal of Necrosed Bone.—Seven operations of this class have been performed during the month, and, in several, large portions of sequestrum were removed. All the patients remain under care, and are doing well.

Ligature of Spina Bifida.—A healthy infant, aged 6 weeks, was placed under Mr. Erichsen, at University College Hospital, on account of a tumour the size of a small orange, quite translucent, and attached over the lumbar spine by a pedicle not larger than one's forefinger. Although it could not be altered in size by compression, yet the diagnosis that it was a spina bifida seemed the most probable. Mr. Erichsen passed a double ligature through its base, and tied it in two halves. A considerable part of the tumour has sloughed away. The infant is doing well thus far (8th day).

Tracheotomy.—A woman, aged 42, under care in King's College Hospital, on account of syphilitic laryngitis. During a relapse, she became reduced to a condition of such imminent danger from suffocation, that tracheotomy was necessitated. It was performed by Mr. Tatum, the House Surgeon in charge of the case. Very great relief resulted, but she ultimately sank exhausted on the fourth day afterwards. There was much pulmonary congestion.

Operation for Urethral Stricture.—A man, aged 64, under the care of Mr. Coulson, in St. Mary's Hospital. Perineal section had been performed two months before, and had left a fistulous opening. The stricture also had again contracted. Mr. Coulson passed down a Syme's staff, and then divided the stricture upon it at the same time, enlarging the perineal opening. A No. 8 catheter was afterwards introduced, and retained for two days. The patient has suffered considerable constitutional disturbance, but is now doing fairly.

Paracentesis Thorasis.—Case 1.—A man, aged 24, under the care of Dr. Burrows, in St. Bartholomew's Hospital, on account of what was believed to be an encysted empyema on the left side. He was in delicate health, and much reduced by the disease. Puncture between the fifth and sixth ribs in the laternal region was performed by Mr. Stanley. About 12 ounces of healthy pus flowed by the canula, and as much more during the following night through a catheter, which was left in the wound. The catheter was retained, and the escape of matter continued for four days. Since then the tube has been passed night and morning, and a syringe occasionally employed, in order to aid the complete evacuation of matter. Air has been permitted to pass freely through the catheter, and the case has thus been converted into one of pneumothorax. An acute attack of inflammation on the same side, involving probably both pleura and lung, necessitated recourse to mercurial and depletive treatment; but, in spite of these drawbacks, the man is doing fairly. *Case* 2.—A boy, aged 3, was admitted into St. Bartholomew's Hospital, under the care of Dr. Farre, with the account that he had been ill for some weeks, and had had symptoms of acute pleurisy. He was emaciated and very ill; countenance anxious; alæ nasi dilating with each inspiration. The left side of the chest was generally prominent, and everywhere dull on percussion. The apex of the heart pulsated to the right of the sternum. The symptoms thus being well marked, thoracentesis was determined on. The puncture was made by Mr. Stanwell, the House Surgeon, the spot selected being between the fifth and sixth ribs, posteriorly. About 34 ounces of healthy pus were evacuated. The child was much relieved by the operation. He has since, however, suffered from hooping-cough, which has prevented his improving in health. About ten days after the first puncture, a second was practised, and about 8 ounces removed. The wound has on each occasion been allowed to heal, and no air has been admitted. The child remains under care. *Case* 3.—A girl, aged 18, under the care of Dr. Sibson, in St. Mary's Hospital, on account of acute pleurisy, with effusion. The pleural cavity being filled, and the dyspnœa caused being urgent, it was determined to resort to paracentesis. A small hydrocele trocar was used, the operation being performed by Mr. Tyrwhit Smith, the House Surgeon. Thirty ounces of clear serum were removed. Much relief was afforded by the measure. On the following day, at Dr. Sibson's request, a second puncture was made, and again about 30 ounces of serum removed. These operations did not, of course, empty the chest; they were rather intended only to relieve the excessive distension. A large quantity of fluid remained behind, which has since been removed by absorption. The girl is now convalescent.

Besides the above, several cases mentioned in our previous reports, in which paracentesis of the chest has been performed, remain under care in the different hospitals. A very interesting case is under the care of Mr. Skey, in St. Bartholomew's Hospital, in which an opening into the right pleural cavity has formed spontaneously; and another of similar character is under the care of Dr. Ramskill and Mr. Hutchinson, at the Metropolitan Free Hospital.

Plastic Operations.—Case 1.—A woman, aged 28, under the care of Mr. Fergusson, on account of a contracted cicatrix after burn, which connected the forearm and upper arm at an acute angle. Much benefit has resulted from the free division of the contracted bands. The case was mentioned in our report for March, a former operation having been performed, to liberate the upper arm from the side of the chest. Under treatment. *Cases* 2 and 3.—These cases are examples of vagino-rectocele, both under the care of Mr. I. Baker Brown, in St. Mary's Hospital. In both, the usual operation for diminishing the calibre of the vagina, and the size of the external opening, has been performed, and with very good results. *Case* 4.—A woman, aged 46, under the care of Dr. Barnes, in the Metropolitan Free Hospital, on account of ruptured perineum, and consequent prolapse of the vagina, bladder, and rectum. The accident had occurred two years before. The whole perineum was torn through, but the sphincter ani was entire. Dr. Barnes's operation consisted in paring the edges of the lacerated sides of the perineum, and then uniting them together by means of shotted sutures. The sphincter ani was divided from the bowel on each side, in order to liberate the perineum, and prevent traction. The parts were got into very good apposition. The catheter was used several times daily for the week following the operation. On the fifth day, the patient had an attack of secondary hemorrhage from the wound, which was so profuse as to cause alarming faintness. By the use of ice to the part, and the internal administration of tannic acid in large doses, the bleeding was arrested without its being needful to open the wound. Good adhesion has taken place through the greater part of the united surfaces, but an aperture remains just in front of the rectum, which will have to be closed by a future operation. *Case* 5.—A child, with single hare-lip, under the care of Mr. Lloyd, in St. Bartholomew's Hospital. The usual operation was performed by Mr. Jowers (House Surgeon), and succeeded well. *Cases* 6 and 7.—Cases of hare-lip, under the care of Mr. Erichsen, in University College. In neither case were the pins employed. Both united well. *Case* 7.—A boy, aged 15, under the care of Mr. Cock, in Guy's Hospital, whose case has been frequently mentioned in these reports. He had a very large polypus in the nose and pharynx, for the removal of which it was necessary to slit up the left nostril; and in order to allow of applications being made by the aperture to the base of the growth, the opening had to be kept patent. The operation this month performed, consisted in paring the edges, and then uniting the sides of this aperture. It succeeded perfectly. See "Operation for the Closure of Artificial Anus."

Operations for Nævus—A case, under the care of Mr. Fergusson, in King's College Hospital, two under that of Mr. Erichsen, in University College, and one under that of Mr. Hutchinson, in the Metropolitan Free, have been operated upon. In all the ligature was employed, and in all perfect cure resulted.

Operation for the Closure of Artificial Anus.—A man, aged 32, under the care of Mr. Fergusson, in King's College Hospital. Nine years ago a gun went off in his hand, and the charge of large shot passed through his right side from before backwards; a week after the accident several pieces of bone came away (rib), at which time fecal matter began to escape from the wound, and continued to do so entirely for seventeen months, none passing by the anus. The hole in the side was subsequently firmly plugged, and the feces then took their natural course, and have done so ever since when the plug is used, with the exception of slight oozing at the wound. The aperture is two and a half by two inches, with a large surface of mucous membrane exposed, in which two openings into the bowels could be felt, one of them appearing to be the junction of the ileum with the colon. *Operation.*—The mucous membrane was first loosened from the bordering skin, and then a flap of skin with a broad base of attachment taken from the walls of the belly, in front of the opening, and fixed over the raw edges of the opening by means of sutures. Chloroform was administered. The patient appeared well for a few hours, but gradually sank, and died in 40 hours. *Post-mortem* revealed nothing remarkable. There was slight peritonitis on the left side, some blood in the colon, no apparent wound of peritoneum.—*Med. Times and Gaz.*, July 14 and 21, 1855.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Origin of the Yellow Fever of 1855 *in New Orleans.*—Just at this time, when the great question of quarantine is agitating the public mind, the most interesting question connected with these cases is their *origin*, and in reviewing them we shall merely advert to facts, without intruding our individual opinions. Every intelligent mind will make its own inference at last, and to afford the material for this purpose is our peculiar province.

In a former number is reported the case of John Hailey, who entered the Hospital on April 30, and died on 3d May. He seems to have been taken sick on his way to the city on board a steamboat (either the Louisa or Rapides), on which he acted as cook. He was a native of Ireland and unacclimated. Yellow fever was not suspected at the time of his illness, and he was considered a case of "bilious fever" until black vomit made its appearance. No autopsy ever revealed more clearly all the characteristics of genuine yellow fever. Although the evidence is not *positive*, still, all the data tend to show that the individual had no communication with the shipping; he was taken sick away from the city, though he was running to and from the same every ten or fifteen days on one of the boats named.

The excitement caused by the case of Hailey in the Hospital soon subsided; none of the patients in the ward where he died took the disease, and things went on quietly until the 19th June, when a very severe case entered ward 22, and died on the 20th, after having thrown up black vomit profusely. This man's name was Wm. Barneman, German, aged 21 years, one month in New Orleans, from Girod Street, worked on the levee for steamboats, taken sick on the 15th June. Autopsy revealed plenty of pure black vomit in the stomach.

However, by reference to our reports in July number, it will be seen that a case of yellow fever, Carl Draugod, really appeared in the Hospital as early as the 15th June. He was seen by the visiting physician of the ward for the first time on the morning of the 16th, and although suspected at the time, nothing was said about it until the morning of the 19th, when he was bleeding freely from the nose; having, also, bled from the gums quite freely on the 18th, or the fifth day of the disease. All who saw this case pronounced it yellow fever.

Thus, then, the man Draugod (of June 15th) was the first case that appeared in the Hospital after the case of May 3, or forty-three days previously. Let us see who Draugod is:—

He is a native of Germany, from Liverpool *direct*, and had been in this city five weeks when taken sick; had been acting as servant in the beer saloon of Frank Weber* ever since his arrival, and had no connection with the ships. During this man's illness in the ward sundry cases of intermittent and remittent fever, diarrhœa, etc., have occupied the beds around him, but none took yellow fever.

There is no evidence, then, of Draugod's having "caught" the disease from any person or bale of goods, etc.; he was not only the first recorded case for the month of June, 1855, but he was simply an unacclimated German, thrown amongst us at the beginning of our summer season, and notwithstanding he worked within doors and was not exposed to the vicissitudes of the weather, we find him taking yellow fever in its hemorrhagic form at a very early date—he having been sick two days before he entered the Hospital.

We next come to the case of Andreas Benz, German; in America three years; in New Orleans three weeks; last from Louisville, Ky. This man is a carpenter by trade, and was last at work near St. Mary's market; entered ward 23 on 19th June; had been sick with diarrhœa nineteen days, and entered the ward with fever and diarrhœa. Died June 21.

On the same day that Benz entered (June 19) John Kramer entered ward 24. This man was a German, aged 23 years; five years in America; six months in New Orleans; common labourer; had been working in Murphy's Hotel, on St. Charles St. (next door to the St. Charles Theatre), for two weeks previous to being taken sick. He distinctly avowed that he had no communication with the shipping. Recovered.

These two individuals, then (Benz and Kramer), are found entering the Hospital on the same day—one from a carpenter's shop near St. Mary's Market (one of the filthiest portions of the city), the other from St. Charles Street, in the very heart of the city, and where most attention is paid to cleanliness. Both were strictly unacclimated; one in the city but three weeks, the other six months.

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* The patient being a stranger in the city, could not tell us the name of the street on which Weber keeps his saloon, though he says it is not near the shipping; and we have failed to find it in the City Directory.

Next comes Edward Tilden, Irishman; has been in America nine years, but has never resided in New Orleans; has been running to and from the city on steamboats for several years; entered ward 25 on June 20th, having been taken sick four days previously (16th); was taken sick on his boat and went thence to a boarding-house on Levee Street. It is thus seen that Tilden was one of the first taken sick, he being only three days behind our first patient, Draugod.

Three days now elapse, and on the 23d June we find the man Philip Lyskchyler entering ward 22, with an intense attack of yellow fever, which terminates fatally on the morning of the 24th. He is a German, *direct* from Havre, on ship Rome,* and has been in New Orleans but three weeks; has been working on the levee, near post 24; taken sick three days before he came in, or on the 20th June.

Next comes George Weintz, German; entered ward 22 on the 20th June. He is, also, from ship Rome (emigrant), and says he knew Lyskchyler well; has been sick twenty-four hours; is from a boarding-house near St. Mary's market; has been doing nothing since his arrival in this city; merely lounging about his boarding-house, Recovered.

These two men (Lyskchyler and Weintz) were, also, wholly unacclimated, having been in New Orleans but three weeks. The former was labouring on the levee in the sun, the other was under shelter and doing nothing; yet both took the disease.

We now come to Maria Shualtz, who was brought to the Hospital in a hopeless condition on the morning of the 25th June. She could give no account of herself, but her friend says she is a native of Germany; has been in New Orleans eight months; is from the corner of Claiborne and Poet Sts. (Third District, and far back from the river), and was taken sick on 22d June. This patient came from a locality far removed from any of the other cases, and a great distance back from the river, and, consequently, from the shipping.

Lastly, we have the man Joel Shoemaker, native of Ohio; in New Orleans six months, though recently returned from a visit to Ohio; lives in Lafayette, at a hotel near the Stock Landing; entered ward on afternoon of 25th June, and died 2d July. This man and Maria Shualtz entered the Hospital on the same day—both intensely attacked—yet coming from opposite ends of the city, and one from the river bank, the other from the rear of the city.

The data being now furnished, it remains for those who preach the doctrine of the importation of yellow fever into New Orleans to make out their case. We cannot close, however, without annexing a summary of two cases which we regard as closely allied to the subject; they will speak for themselves:—

June 15th. Pan Mordin, Swede; entered ward 17; he is a clerk; last from Chicago; five months in New Orleans. This man was entirely delirious, and presented all the symptoms of delirium tremens; fever arose on the day after his admission, and on the 19th he died of as pure black vomit as was ever seen.

June 17th. Herrman Ferringer, German, aged 20 years, last from Chicago, in New Orleans six months; entered ward 22; occupation brewer; presented all the symptoms of "pernicious intermittent fever," but died on the 19th with some symptoms of yellow fever; so decided as to lead to the prediction that black vomit would be found in the stomach after death. The autopsy revealed genuine black vomit in the stomach.

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Sulphate of Quinidine in Intermittent Fever.—Dr. C. B. Guthrie, Prof. of Materia Medica and Pharmacy in Memphis Medical College, reports (*Memphis Med. Rec.* Sept. 1855) *thirteen* cases of intermittent fever treated with the sulphate of quinidine. Of these, *nine* were cured, *two* did not return, and the result was unknown, but Dr. G. thinks a cure was effected; and in two the salt failed, and a cure was effected by the sulphate of quinia. In none of the cases did the salt affect the head unpleasantly, as quinia does, though in some instances the former was given in larger doses than the latter usually is administered.

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* We are indebted to Dr. Fenner, of this city, for the following notes in relation to ship Rome, he having visited her in person: "Ship Rome, Capt. Moulton; American vessel; arrived from Havre *direct* on 3d June, 1855; was hailed at quarantine June 2d, examined and passed; brought but little cargo and 162 German emigrants; had little sickness at sea, and this confined to children, seven of whom died. Most of the emigrants left for St. Louis, June 4th. Capt. M. has now but one man on board; no sickness, and has heard of none in the neighbourhood of his vessel. Ship Rome lies at post 24, about three squares above St. Mary's market."

The American Medical Association; its Ethical Code and its Representative Constitution.—[This is the title of an article in the *Association Medical Journal* for Sept. 1, 1854. The writer says that the code of ethics of our Association is so excellent, that he transfers it in extenso to the pages of the Association Journal, and then offers the following remarks, which will be read with interest on this side of the Atlantic, and may exercise a useful influence in regard to certain proposed reforms:—]

"Founded upon such an ethical basis, and actuated by such lofty principles, the American Medical Association has grown and flourished, giving evidence at once of all the freshness of youth, and much of the vigour of maturity. From time to time its laws have undergone trifling modification, in order to maintain perfect equality of representation between the different States and societies—which fair representation must be regarded as the most essential feature of the system. From time to time additional or extraordinary committees have been appointed to fulfil the various duties that have devolved upon the increasing weight and influence of the Association, or to meet the various exigencies that external circumstances have produced. But in other respects there has been no change; and year after year, in one or another of the great cities of the United States, the chosen delegates have assembled, justly possessing the confidence of their constituents, and comprising within their ranks the most shining talent, and the most distinguished worth that the medical profession in America can supply. Of such a body as this—the most enlightened representatives of the greatest medical constituency in the world—it would be presumptuous for us to speak in terms of praise; and we must be content to place before our readers a sketch of the scope and results of its past labours.

"We find then, on referring to the volumes of *Transactions* already published by the Association, that, in the first place, the duties of the standing committees have been ably and thoroughly fulfilled. We find the progress of medical science as a whole, and of practical medicine, surgery, and obstetricy, the most prominent divisions of the main subject, to have been carefully and accurately traced in a series of reports worthy of the highest praise. Clear, concise, and comprehensive, these reports reflect the greatest credit, not only upon the committees from whom they have emanated, but also upon the judgment of the Association, in selecting the members of those committees for their respective duties.

"The Committee on *Medical Education*, having commenced its labours by a description of melancholy deficiencies, and having constantly endeavoured to remove them, was enabled to sum up its last Report in the following words of cheerfulness and encouragement:—

"'Your Committee are pleased to bring, from the different sections of the country in which they reside, gratifying assurances that the labours of this Association have thus far been fruitful of good results. The voluntary principle in its organization, and its representative character, increases from year to year its moral power and influence, which have been made manifest in the increase of State and county societies, and in the efforts which many of the medical schools have made to conform to its recommendations.'

"The Committee on *Medical Literature* has 'considered the general subject assigned to it under three heads, viz: the medical periodicals; the medical publications, including monographs and books; and the best means of elevating the character and extending the usefulness of the national medical literature.' The first report intimates (it is a remarkable fact that, in the New World, the errors of medical periodicals are *not* 'beneath the dignity' of a learned society) that, with regard to the medical journals, 'a sore cause of complaint, of occasional but not frequent occurrence, is to be found in the liberties allowed to anonymous writers,—not so much with regard to each other, for, if "Medicus" and "Senex" were to succeed in reciprocal annihilation, the loss might not be serious—but with regard to their neighbours at large, and to things in general.' 'An editor,' says the Report, 'is responsible that nothing shall be admitted into his pages, the essential character of which is hostile and inflammatory, on the same principle that he is bound to be courteous in his common intercourse' In the same paper, the American translations or reprints, together with the original works on medicine, are criticized or mentioned.

Under the surveillance of a committee guided by the principles we have described, it will afford no matter of surprise that the Report on Medical Literature presented in 1853 should contain much to indicate progress, as well as much of warning and admonition for the future. Although very sparing of praise, it concludes by the expression of a 'confident conviction that the literature of our profession has already commenced a rapid improvement, which is destined to continue until it attains an elevation and influence corresponding with the high social and political destiny of our country.'

"Besides the regular proceedings of the standing committees, the American Association has accomplished a laborious investigation of the indigenous Medical Flora of the Union; has examined into, and reported upon, the adulteration of drugs; has ascertained the sanitary condition of the various States, and the difference between them in respect of the public health; and has on several occasions appointed committees for the study of epidemics and of special scientific subjects. These committees have collected and published a vast amount of highly valuable information.

"We have now, as fully as our narrow limits will permit, laid before our readers an account of the government, the animus, and the operations of the American Medical Association. It would be a pleasant task to dwell longer upon these topics, and to fill in with appropriate shading the scant outline that now appears upon our pages. But instead of doing so, we must turn at once to the practical question which even this outline cannot fail to suggest; we must inquire into the causes of that success, especially in ethical reform, which we cannot fail greatly to admire, and can scarcely refrain from envying. Those causes are to be found, we believe, solely in the moral power which is inseparable from a constitution based upon the *principle of equal representation*."

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College of Physicians and Surgeons, New York.—Dr. JOHN TORREY has resigned the chair of Chemistry, which he has long and ably filled in this school, and Dr. JOHN LE CONTE, Professor in the University at Athens, Geo., has been selected to supply his place. Dr. Le Conte is a gentleman of cultivated mind and scientific attainments, and we feel quite sure that he will fully maintain the character of the school.

Yellow Fever.—This disease has almost disappeared from Norfolk and Portsmouth, and New Orleans, but it still prevails, to some extent, at various points of the South and Southwestern parts of our country. At Vicksburgh and Natchez it was rapidly abating at the last accounts. At Memphis, on the 12th, 13th, and 14th of Oct., it numbered 20 victims.

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OBITUARY RECORD.—Died, in New York, on the 26th of August last, HORATIO GATES JAMESON, Sr., aged 76.

FOREIGN INTELLIGENCE.

Muriate of Morphia and Coffee in Neuralgia.—M. BOILEAU reports that he has derived great relief in the paroxysms of neuralgia from the administration of muriate of morphia in a very hot infusion of highly-roasted coffee. The dose is one centigramme (⅙ grain) for an adult, and less in other ages or in peculiar temperaments. This may be repeated when a violent paroxysm recurs, and if necessary it may be increased by fractions; but M. Boileau has never gone beyond two centigrammes.—*Med. Times and Gaz.*, Oct. 6, 1855, from *Gaz. des Hôpitaux*, 1855.

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Oxalate of Potassa in Puerperal Diseases.—Dr. RITTER VON BRENNER strongly recommends this substance in inflammation of the peritoneum, uterus, or ovary, and especially in the metro-peritonitis of puerperal women. The formula is,

℞. Aq. dest. ℥vi; oxal. pot. gr. vi; sacch. ʒij. M. A spoonful every hour.—*Med. Times and Gaz.*, Oct. 6, from *Buchner's Repert.*, 1855. No. IV.

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Tinct. Ferri Muriatis in Uterine Hemorrhage.—Dr. SCHREIER, of Hamburg, states that, during the last thirteen years, he has found this a most valuable styptic in severe uterine hemorrhage prior to delivery. He injects 50 or more drops, diluted in 3 or 4 ozs. of water. Of late he has also applied it in hemorrhage dependent upon placenta prævia, when the os is insufficiently opened to admit of labour being terminated. A sponge tent, cut to the form of the os, is steeped in the tincture, and passed as high up as possible. It not only arrests the hemorrhage, but hastens the dilatation. The tincture has also been found valuable in hemorrhage from cancer uteri.—*Med. Times and Gaz.*, Oct. 6, from *Monats. für Geb.* Band V. 451.

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Tincture of Benzoin in Chapped Nipples.—M. Bourdel states this is the best application, whatever the extent or duration of the fissure may be. After suckling, it should be freely applied with a pencil. The first application causes a burning pain for a quarter of an hour, which, however, is usually bearable, and future applications give relief instead of pain. It need not be wiped off before the infant sucks.—*Med. Times and Gaz.*, Oct. 6, from *Journal de Chimie Médicale*, July.

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Formula for Chloroform.—M. Dorvault states that chloroform is easily soluble in water, one part by weight to the 100. When more considerable quantities are required, the Commission of the Society of Pharmacy recommends the following formula: Chloroform 2 to 4 parts, sugar in lumps 12, gum arabic 5 to 10, and water 100 parts. Pour the chloroform on the sugar placed in a mortar; add next the gum, and then gradually the water, rubbing well. M. Stanislaus Martin suggests the following as preferable: Chlorof. 2 to 6 grammes, one yolk of egg, 30 grammes of syrup, and 150 of water. Mix the egg with the water, and strain, and then add the syrup and chloroform. The egg is more promptly deposited in proportion to the quantity of chloroform used, but carries no chloroform down, and on shaking the mixture becomes uniform.—*Med. Times amd Gaz.*, Oct. 6, from *Bull. de Thérap.*

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Oily Frictions in Mesenteric Disease.—Dr. Baur reports the great success that has attended the friction of the whole surface of the body, night and morning, with a sponge imbibed with tepid oil, the patient being kept in bed, wrapped in a blanket, for two hours after. The first effect produced is abundant general sweating; the skin, losing its dry aspect, becomes supple, turgescent, and of a fresh color, a rubeloid eruption sometimes occurring. A secondary and highly beneficial calming effect is produced, which is manifested in the production of tranquil sleep. As a third, there is increased secretion, especially of the kidneys and liver. It is evident that many affections may be rendered tractable by such an agent, and Dr. Baur regards it as almost possessed of specific properties in diseases of scrofulous origin, as tabes mesenterica, or glandular tumours. He believes the frictions are powerful adjuvants in scrofulous hydrocephalus, and may even prove curative in phthisis, when steadily persevered in.—*Med. Times and Gaz.*, Sept. 8, from *Rév. Med. Chir.*, 1855.

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Turpentine in Carbuncular Diseases.—Dr. Thielmann states that he has employed this substance with great success in a case of malignant pustule, and in a great number of cases of carbuncle, amounting to 342 since 1837. The treatment has been merely local, unless suppurative fever or other general symptoms called for interference. The turpentine was applied in every stage of the disease on a thick pad of charpie, evaporation being prevented by oiled silk. In most cases, a slight burning is at first produced, which only lasts for a few minutes. The epidermis becomes softened, and the mortified parts are quickly separated, without the necessity of the crucial incision. After the separation, it is still continued, as under its influence the healing is rapid. If, after each dressing (these being repeated night and morning), the patient complain of a continual burning, the lotion is to be sufficiently diluted with camomile tea, or the dressing is to be performed with this alone. The turpentine is suitable to all sloughy and atonic ulcers. The following is the formula for the preparation of the application: Mix ℥j. of oil of turpentine with the yolk of an egg, and then add spirit of camphor ℥j., camomile tea lbj.—*Med. Times and Gaz.*, *Sept.* 29, from *Berlin Med. Zeit.*, 1855.

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Excessive Vomiting during Pregnancy.—In an interesting thesis upon the non-coercible vomiting of pregnancy, and especially in relation to the induction of artificial delivery, M. Castaya has collected 58 cases that have been published by various authors. He distributes these, according to their mode of termination, into 5 groups: 1. Cases which proved fatal (24), without abortion occurring, and notwithstanding every variety of treatment. 2. Cases of recovery (11), after spontaneous abortion, or after the infant had died, although its expulsion was some time delayed. 3. Cases of recovery (3), without spontaneous abortion. 4. Fatal cases (3), notwithstanding spontaneous abortion; this occurring too late to be of avail, the patient's powers being exhausted. 5. Cases of artificial abortion (17). These are subdivided into two groups, successful (14), and unsuccessful (3). In three cases, pregnancy was sufficiently advanced to admit of a living child being born, as well as of the mother's life being saved. Thus, in 58 cases, we have 30 deaths, and 28 recoveries. Of these last, 11 cases were due to spontaneous abortion, 3 to the medicines employed, and 14 to the operation.—*Ibid.*, from *Gaz. des Hôpitaux.*

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Sweetened Water as a cure for Opacity of the Cornea, produced by Lime.—A man was brought lately to the Hospital after having received slaked lime in his eye, and Dr. Gosselin saw him ten minutes after the accident. The cornea, already, had a remarkable opacity. No suppuration occurred, and the transparency of this membrane was restored in a few days under the influence of a mode of treatment discovered by M. Gosselin in the following experiments. He threw slaked lime on the eyes of animals, and he saw that, contrary to what is admitted to take place in such a case, there was no inflammation produced. A sudden opacity appeared, resulting merely from the introduction of the lime between the elements composing the tissue of the cornea. M. Gosselin found that a solution of many acids was able to restore transparency; but that frequently a suppurative inflammation was the consequence of the irritation produced by the acid. *Eau sucrée* (sugar and water) gives much more satisfactory results: it destroys the opacity in a very short time, and never causes any inflammation. The man, above spoken of, had his eye washed with *eau sucrée*, and, in three days, the opacity of the cornea had entirely disappeared. I have seen M. Gosselin performing with success, in presence of the society, the experiment of restoring to transparency the opaque cornea of a dog's eye.—*Med. Times and Gaz.*, Sept. 29.

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Treatment of Neuralgia by Chloroform.—Neuralgia is confessedly one of the most obstinate affections with which the practitioner has to cope. We therefore quote with much pleasure, from a recent number of the *Dublin Medical Press*, a mode of treating nervous pain by the local application of the vapour of chloroform, as suggested by Dr. Hardy's method to Mr. John A. Baker, a surgeon of Dublin. The case exhibits, in a remarkable manner, the efficacy of the vapour of chloroform, when applied to the surface of the unbroken skin. The method adopted was that so frequently insisted on by Dr. Hardy—namely, in the form of a bath, combining the vapours of chloroform and warm water, confining them to the limb by an air-tight case, and continuing the application for a considerable length of time. Mr. Baker says: "Early in the month of May last, my attention was solicited to the case of a young woman, aged thirty-five, residing in the village of Baldoyle, who was then, and had been for some time, suffering from a rheumatic affection of the foot, combined with neuralgia of so severe a character that it rendered her incompetent to pursue her ordinary avocations, and had already made a considerable inroad on her general health. At the time referred to she informed me that she was suffering from constant pain in the right foot, radiating from the dorsal surface of the great toe towards the ankle-joint and across the sole of the foot, in the direction of the tarso-metatarsal articulations. She was never free from pain, which was subject to violent exacerbations under the influence of fatigue or extreme vicissitudes of temperature. The foot was œdematous. About twelve at noon an exacerbation generally occurred, even when sitting, which lasted from a period varying from twenty minutes to three hours. At night, on retiring to bed, she was frequently troubled with a recurrence of the paroxysm which precluded all chance of sleep; and at other times, when walking along the road or through town, she would be suddenly assaulted with pain so acute as to render her unable to proceed. She stated that she had first noticed the pain in the foot about a year and a half previously, and it had gone on increasing until last Christmas, when it became so troublesome that she was unable to continue her usual exercise, She had applied to the medical officer of her district (a gentleman of acknowledged skill and great experience), who administered treatment, both local and constitutional, for five months, without alleviating her symptoms in the slightest degree. At the time of my interview with her, which took place at my own house, whither she had come in a car, she could with difficulty hobble across the room. Her face and general appearance bore indications of long-continued and severe bodily suffering. Her object in calling on me was to consult me as to the probability of her receiving relief from the local application of chloroform vapour. From the history of her case, and points of resemblance it bore to some of those detailed by Dr. Hardy, I felt little doubt that she was likely to be benefited by the anæsthetic douche; at any rate, as there was no possible risk incurred, and some probability of relief, I thought it was worthy of a trial. Accordingly, with the concurrence of the gentleman under whose care she had been, she visited Mr. Robertson, instrument-maker, Bachelor's-Walk, on Thursday, May 17, when the affected foot was subjected, for an hour and a half, to the mixed vapours of water and chloroform. At the conclusion of the application, to her no small surprise and gratification, she found she was able to walk firmly across the room, she was free from pain, and altogether the change in the member previously affected was, to use her own phrase, 'perfectly magical.' On her way home she walked from the railway station to her house unassisted—a feat she had been unable to accomplish for some months previously. As I was anxious to learn from her own lips the result of the experiment, she called upon me about ten days afterwards, and even in that brief state of time I was struck with the change for the better in her appearance. The poor woman was in an ecstasy of delight at her improved condition, which she assured me was the marvel of her neighbourhood. She enjoyed perfect immunity from pain, and was able to walk as well as before she was first attacked. On the 16th of this month she again called upon me, and the improvement referred to still obtained; she had, up to that time, submitted her foot to three applications of the douche at intervals of a fortnight. The foregoing case deserves, I think, a place amongst those already recorded in your journal, and will tend to establish the value of the 'anæsthetic douche' as a remedial agent in cases which resist the ordinary resources of the practitioner."—*Lancet*, Sept. 1, 1855.

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Ovum in Ovo.—Dr. James G. Wilson gives (*Med. Times and Gaz.*, Sept. 1, 1855) a description of a remarkable example of this:—

In the interior, and towards one extremity of the shell of a turkey's egg, is situated a smaller egg, about the size of a pigeon's, having a distinct and well-formed shell. The contained egg is firmly fixed to the end of the larger one, with its long diameter at right angles to its long axis. The lining or investing membrane of the larger egg appears, to some extent, to be reflected over the smaller one, from the place of junction. On perforating the shell of the lesser egg with a pin, a small quantity of a glairy or albuminous substance was found to exude. I may mention that the egg was boiled, and placed upon the breakfast-table a few days previous to my visit, and nothing was suspected until the egg-spoon was felt to grate, and heard to strike upon some hard, resisting body, which, when cautiously examined, proved to be the small egg above described.

[Double yolked eggs are not very uncommon, but we do not recollect to have heard before of one which had a separate and complete calcareous covering.]

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University of Edinburgh.—At a meeting of the town council of Edinburgh on the 2d of Oct., Dr. Laycock, of York, England, was elected Professor of the Practice of Physic, in place of Dr. Alison, who had resigned. The other candidates were Prof. Bennett, Dr. Craigie, Dr. H. Douglas, and Dr. W. T. Gairdner, of Edinburgh, Dr. McConnae, of Belfast, Dr. Monro, late of India, and Dr. A. Wood. The names of Drs. Gairdner, McConnac, Craigie, and Douglas were withdrawn. On the first ballot the votes were for Dr. Bennett 9, for Dr. Wood 12, for Dr. Laycock 12. Dr. Bennett's name having been struck off, the votes were 15 for Dr. Wood, and 17 for Dr. Laycock.

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Medical Profession in Prussia.—In 1849, for a population of 16,282,573 souls, there were 5,558 medical practitioners, and 1,465 apothecaries (druggists), or one practitioner to 2,929, and one apothecary to 11,114. In 1853, the population amounted to 16,858,087, the practitioners to 5,650, and the apothecaries to 1,497, *i. e.* one practitioner to 2,931, and one apothecary to 11,261. While in some provinces the practitioners are only one to 8,000, in Berlin there was one to 823 in 1849, one in 776 in 1853.

THE MEDICAL NEWS AND LIBRARY.

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BROWN ON SURGICAL DISEASES OF WOMEN, SIXTEEN PAGES.

CLINICS.

Statistical Report of the Principal Operations performed in the London Hospitals during the month of July, 1855.

Lithotomy.—Number of cases, 1; recovered, 1.

Case 1. A boy, aged 2, in fair health, under the care of Mr. Erichsen, in University College Hospital. A stone of the shape, and about the size, of a small chestnut was removed. Recovered.

Lithotrity.—The patient under Mr. Coulson's care, in St. Mary's, has been discharged well. Mr. Curling's case in the London, remains under treatment.

Lithectasy and Lithotrity in the Female.—A girl, aged 10, in good health, was admitted under Mr. Fergusson's care, into University College Hospital. She had had symptoms of stone for two years, and they had been very severe for six months. Three months before, she had voided a stone the size of a filbert. Mr. Fergusson detected a stone of large size, and at two operations, with a week's interval, succeeded in crushing and removing it. No incontinence of urine followed.

Herniotomy.—Number of cases, 9; recovered, 5; under treatment, 1; died, 3.

Case 1. A man, aged 73, under the care of Mr. Luke, in the London Hospital, on account of inguinal hernia of two years' duration, and strangulated twenty hours. The seat of stricture was easily discovered, and after the division of some bands of fascia crossing it, it was found to consist of the thickened neck of the sac itself. Mr. Luke attempted to thin it down by paring, but not being able to effect this to a sufficient degree to admit of reduction, the sac was opened and the constriction divided from within in the usual way. The old man made a quick and excellent recovery. *Case* 2. A woman, aged 29, under the care of Mr. Tatum, in St. George's Hospital. Hernia femoral, strangulated thirteen hours. The sac was opened, and a small knuckle of gut, healthy in appearance, was returned. Recovered. *Case* 4. A woman, aged 31, under the care of Mr. Pollock, in St. George's Hospital. Hernia femoral, stran-

Published monthly by BLANCHARD & LEA, Philadelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage to the subscriber.*

☞ *In no case will this work be sent unless the money is paid in advance.*

gulated thirty-six hours; sac opened. In the sac was found much bloody serum, and a small knuckle of bowel much inflamed and ecchymosed. The bowel was returned, and the patient recovered well. *Case* 5. A woman, aged 67, under the care of Mr. Simon, in St. Thomas's Hospital, on account of oblique inguinal hernia. Strangulation had existed nineteen hours, and the seat of stricture was the neck of the sac. Sac opened. Recovered, without any ill symptoms. *Case* 6. A woman, aged 31, under the care of Mr. Ward, in the London Hospital. She had been for eighteen months the subject of hernia, but the strangulation had existed only about twenty hours, the gut having been forced down during an attack of diarrhœa, with vomiting. Her symptoms were most urgent and acute. The taxis having failed, both in the warm bath and when under the influence of chloroform, Mr. Ward at once proceeded to operate. An incision was made over the inner side of the sac, and Gimbernat's ligament and Poupart's ligament were both freely incised. Reduction, however, could not be effected until the sac itself had been opened. The gut was seen to be very much congested, and the sac contained some bloody serum and flakes of lymph. The stricture was formed by the neck of the sac, and was very tight. After the operation, opium, in grain doses every three hours, was ordered, and during the two following days the patient was fully under its influence. Notwithstanding this, however, she continued to complain of much pain, and the sickness was still troublesome. On the third and fourth days she was better, and the stomach more quiet. On the fifth day the bowel gave way into the wound, and a free escape of feculent matter took place. Since then the artificial anus has continued open, but she is in other respects progressing favourably. *Case* 7. A man, aged 50, a wine cooper, of intemperate habits and bad health, was admitted, under Mr. Cock's care, into Guy's Hospital, on account of a strangulated inguinal hernia. From the history, it appeared probable that he had had an irreducible omental hernia for eight years past, and that seven days ago a portion of bowel also had been forced into the sac. The symptoms of strangulation (with feculent vomiting) had been severe for fifty-two hours. Having divided the stricture without opening the sac, Mr. Cock succeeded in diminishing the size of the tumour to a certain extent, but not feeling confident that the gut had returned, he subsequently opened the sac. No intestine was found down, but a large mass of partially adherent and much-injured omentum. A considerable portion of the omentum being deemed irrecoverable, a ligature was applied to its base, and it was cut away; a fold which appeared to have come down more recently being returned into the abdomen. Previous to his admission into the hospital, the man had taken much purgative medicine. Within an hour after the operation violent diarrhœa commenced, and, in spite of the free use of opium, continued until collapse and ultimately death ensued. Death took place about twenty-four hours after the operation. There had been no pain or vomiting. At the autopsy the man was found to have a fatty liver and diseased kidneys; there was also a small cavity in one lung. In the abdomen was found a knuckle of intestine, which showed the effects of stricture, and was extremely discoloured. Below this portion the bowel was contracted and empty; above, it distended and dilated. *Case* 8. A woman, aged 57, under the care of Mr. Coulson, in St. Mary's Hospital. She had had an irreducible femoral hernia (omental) for twelve years, which had five days ago become suddenly enlarged, since which the symptoms of strangulation had been present. The tumour was as large as an orange. The sac was opened, and found to contain omentum and a knuckle of intestine. Death, with the symptoms of perforation, followed forty-eight hours after the operation. At the autopsy no perforation was, however, found; there were present only the indications of acute peritonitis, a layer of lymph coating both the abdominal wall and the intestines. *Case* 9. An infant, aged 1 year, under the care of Mr. Cutler, in St. George's Hospital, on account of a large congenital hernia, strangulated about twenty-four hours. The sac was opened, and the bowel found adherent in many places. Death followed.

Trephining of the Skull.—The boy under the care of Mr. Lane, in St. Mary's Hospital, whose case was mentioned last month, is doing well.

Case 1. A man, aged 28, was admitted into St. Mary's Hospital, under the care of Mr. Spencer Smith, on account of compound fracture of the skull a little to the left of the sagittal suture, near its middle. A portion of bone, of an irregularly circular shape, was found to be depressed, but there were no other symptoms of compression, excepting sluggish pupil. The scalp wound having been enlarged, Hey's saw was used, and, room having been thus obtained, the depressed portion was removed. The dura mater was not torn, but was separated from the bone for a considerable distance round the fracture The man has done well since the operation.

Ligature of Arteries.—In *Case* 2 of last month's report (ligature of the femoral by Mr. Adams, in the London Hospital), a good recovery has been made.

Case 1. A man, aged 34, under Mr. Birkett's care, in Guy's Hospital, who, on May 29, had his knee-joint excised, has since undergone amputation through the thigh. (See *Amputations*, Case 2.) After the amputation, repeated secondary hemorrhages occurred, and it ultimately became necessary to place a ligature on the femoral artery. This procedure was quite successful, and the man is now convalescent. *Case* 2. A woman, aged 33, admitted into St. Mary's Hospital, having received a deep wound across the wrist by thrusting her hand through a pane of glass. Mr. Watkins (House-Surgeon) placed ligatures on both ends of the ulnar artery, and also on the superficialis volæ. Recovered.

Amputations.—The cases left under treatment by last month's report have all resulted in recovery.

Number of cases, 12; recovered, 5; under treatment, 6.

At the Hip-joint.—Case 1. A lad, aged 17, of fair complexion and much emaciated, was admitted into St. George's Hospital, under the care of Mr. Tatum, on account of a large malignant tumour springing from the lower third of the femur. Amputation at the hip-joint was performed, and the boy left the hospital well at the end of a month. (For details of this case, see the *Med. Times and Gaz* for August 18, p. 159) *Of the Thigh.—Case* 2. A man, aged 26, under Mr. Watkins's care, in St. Mary's Hospital, on account of diseased knee joint of nine months' duration. Much improvement in health has taken place since the operation, and the stump is now all but healed. *Case* 3. A man, aged 34, under Mr. Birkett's care, in Guy's Hospital Excision of the knee-joint had been performed on May 29. Hospital gangrene had since attacked the wound and destroyed the flap of skin. The man's health was so much reduced, that it was doubtful whether his life could be saved by any measure short of amputation; and even should such be the case, it seemed probable that his limb would be useless. Under these circumstances, amputation through the thigh was performed. Secondary hemorrhages subsequently made ligature of the femoral artery necessary. The man is now convalescent. *Case* 4. A man, aged 29, admitted into St. George's Hospital, under the care of Mr. Tatum, with a compound fracture of the leg. He was apparently in good health, but extensive hospital gangrene came on, and it was at length necessary to amputate through the thigh. Under treatment. *Case* 5. A man, aged 58, of intemperate habits, under the care of Mr. Skey, in St. Bartholomew's Hospital. Two years ago he had sustained a fracture into the knee-joint, from the effects of which the limb had been rendered useless. At his own urgent request, amputation through the thigh was performed. A month has now elapsed since the operation, and the stump is nearly healed. *Case* 6. A man, aged 37, under Mr. Birkett, in Guy's Hospital, on account of disease of the knee joint. Amputation through the lower third of the thigh. Recovery. *Case* 7. A man, aged 20, under the care of Mr Moore, in the Middlesex Hospital, on account of disease of the knee-joint of five months' duration. Amputation through the thigh was performed. Four days after the operation rigors occurred, and death followed on the nineteenth, all the symptoms of pyæmia having been present. At the autopsy, lymph and pus were found in the femoral vein, and purulent deposits also existed in the liver, lungs, and some of the joints. *Of the Leg.—Case* 8. A man, aged 40, of intemperate habits, was admitted, under the care of Mr. Hawkins, into St. George's Hospital, on account of a severe compound fracture of the leg. Extensive necrosis ensued, and secondary amputation was necessitated. Under treatment. *Case* 9. A robust man, aged 34, under the care of Mr. Walton, in St. Mary's Hospital, on account of compound comminuted fracture of the fibula, with injury to the tibia, and extension of the fracture into the ankle joint. Primary amputation was performed at the junction of the upper and middle thirds. Doing well. *Of the Foot.—Case* 10. A man, aged 55, under the care of Mr. Erichsen, in University College Hospital, on account of carious disease, involving the anterior range of the tarsal bones. Chopart's amputation was performed. Doing well. *Case* 11. A girl, aged 12, under the care of Mr. Henry Thompson, in the Marylebone Infirmary, on account of disease of the tarsal and metatarsal bones of the right foot. The disease was of four years' standing. Amputation of the ankle-joint was performed. No sloughing followed, and a great part of the stump united very quickly. The patient remains under care. Very extensive disease was found among the tarsal bones on examination of the removed foot. *Of the Arm.—Case* 12. A delicate-looking lad, admitted under the care of Mr. Coulson, into St. Mary's Hospital, having received from a circular saw extensive injury to the soft parts about the elbow, and to the humerus itself. Primary amputation through the middle of the arm was performed. Recovered.

Excision of Bones and Joints.—Case 1. A man, aged 57, under the care of Mr. Birkett, on account of disease of the shoulder-joint of two years' duration. Excision of the head of the humerus was performed in the usual manner, and the man has since done remarkably well. The cartilage was found completely removed from the articular surface, and a piece of necrosed bone occupied the head, but at the line of section the bone was healthy. *Case* 2. A man of middle age, under the care of Mr. M'Murdo, in St. Thomas's Hospital, on account of disease of the wrist-joint of long standing. Mr. Tyrrell (House-Surgeon) examined the joint by an incision over its posterior aspect, and removed, piecemeal, the greater part of the scaphoid and semilunar bones, which were carious and softened. The other bones appeared to be sound. The case is doing well.

Operation for United Fracture.—Case 1. A man, aged 60, was admitted into University College Hospital, under the care of Mr. Erichsen, on account of an ununited fracture of the femur in its middle third. It was eighteen months since the injury, and not the least attempt at union had taken place. There was shortening to the extent of two inches and a half, and complete mobility in all directions. Mr. Erichsen cut down upon the ends of the bone, and put a large ivory peg into each, after the method of Dieffenbach. The bone was found so extremely hard that the ordinary gimlets could not be made to pierce it, and a steel drill was necessary to bore the holes for the pegs. After the operation, the limb was confined by splints in a straight position. No constitutional disturbance followed the operation, and the wound has now healed, the pegs being covered in. *Case* 2. A healthy boy, aged 4, under the care of Mr. Curling, in the London Hospital, on account of an ununited fracture of the tibia and fibula, at the commencement of their lower third. The condition was believed to have existed from birth, and repeated attempts, by means of fixing the limb, had been made to obtain union, but without any success. Mr. Curling made a crucial incision over the ends of the bones, and exposed and excised them. The parts were afterwards brought into apposition, and the case treated as one of compound fracture. No ill symptoms followed. The boy remains in good health, and the wound is much contracting.

Removal of Malignant Tumours.—All the cases left under care by last month's report have resulted in recovery.

Case 1. A married woman, aged 42, under the care of Mr. Birkett, in Guy's Hospital, on account of scirrhus of the mammary gland. The disease had existed eighteen months. The whole breast was removed. Recovered. *Case* 2. A man, aged 64, under the care of Mr. Moore, in the Middlesex Hospital, on account of a growth of melanotic cancer by the side of the anus. It was stated to have been slowly increasing for nearly three years, and for the past few months had been ulcerated, and very painful. A lump, about the size of a walnut, presented externally, and one as large as an egg bulged into the cavity of the bowel. Mr. Moore excised the whole. Considerable bleeding occurred, and it was necessary to secure many vessels. The growth presented the characteristics of melanotic cancer. The patient recovered well, and the wound healed soundly. Although a large portion of the sphincter ani had been removed, yet full power in retaining the feces was preserved. *Case* 3. A man, aged 62, under the care of Mr. Cock, in Guy's Hospital, on account of epithelial cancer of the lip. It was excised by the V-shaped incision, and the parts united by sutures (no hare-lip pins). Recovered. *Case* 4. A man, aged 55, under the care of Mr. Hilton, in Guy's Hospital, on account of epithelial cancer of the lip, of four years' duration. Excision. Recovery.

Removal of Non-Malignant Tumours.—*Case* 1. A woman, aged 28, under Mr. Stanley's care, in St. Bartholomew's Hospital, on account of an enlarged and indurated bursa in front of the patella. It was the size of a small apple, and extremely hard. Excision. Recovery. *Case* 2. A man, aged 30, whose case we have previously had frequent occasion to mention, is now again under Mr. Stanley's care in St. Bartholomew's, on account of a recurrent fibroid tumour on the inner side of the left knee. Seven excisions, at intervals varying from two to five months, have been performed. In May last a ligature was applied to its base, including within it a large extent of surrounding cellular tissue. Before, however, the wound was healed, the growth again appeared. On July 30, Mr. Stanley made another very free incision, dissecting away all the cellular tissue down to the capsular ligament of the joint, to which latter the growth adhered. The wound is healthy. *Case* 3. A woman, aged 49, under the care of Mr. Cock, in Guy's Hospital, on account of a recurrent tumour in the breast. Four years before, she had had a tumour excised from that part; for three years after which she remained well. The present growth commenced about a year ago, and increased very rapidly. When admitted, she was emaciated and extremely feeble. The tumour was somewhat pendulous, of enormous size, presenting an ulcerated, sloughing, and most fetid surface. Some doubt was felt as to whether the patient would bear the operation, but, after consultation, it was determined to perform it. Mr. Cock excised the whole. The wound is now healing fast. On microscopic examination, the tumour was ascertained not to be cancer. *Case* 4. A woman, aged 57, under the care of Mr. Shaw, in the Middlesex Hospital, on account of a proliferous cystic tumour of the mammary gland. A growth of similar nature had been removed by Mr. Shaw, in November, 1852, and the present had formed in the cicatrix. It was about the size of a goose's egg, and had been growing for four months. Excision. Recovery. *Case* 5. A girl, aged 15, under Mr. Hilton's care, in Guy's Hospital, on account of two growths of the tuberous form of cheloid. She was in good health, and no cause could be ascertained for the disease. Two tumours of similar nature had been excised a year and a half ago. Excision. Recovery. *Case* 6. A boy, aged 11, under Mr. South's care, in St. Thomas's, on account of a small vascular tumour on the side. Excision. Recovery. *Case* 7. A woman, under the care of Mr. Hawkins, in St. George's Hospital, on account of a recurring cystic tumour of the breast, nine times excised. A tenth removal has been performed, and she remains under care. *Case* 8. A woman, aged 28, under the care of Mr. Prescott Hewett, in St. George's Hospital, on account of a cystic tumour projecting into the nates. It was supposed to be connected only with the external parts, but during the operation it was found to pass into the pelvis through the sacro-ischiatic notch. The excision was accordingly only a partial one. Symptoms of inflammation within the pelvis, subsequently came on, and of these the patient died. No autopsy could be obtained. *Cases* 9, 10, 11, and 12. In these, fatty tumours of considerable size were removed. All the patients are recovered. *Case* 13. A boy, aged 11, under the care of Mr. Fergusson, in King's College Hospital, on account of a vascular tumour on the forearm. Excision. Recovery. *Cases* 14 and 15. A case of warty growth on the lower lip, and one of cystic tumour in the scalp. Both patients recovered. *Case* 16. An infant, aged 4 months, under Mr. Birkett's care in Guy's Hospital, on account of a tumour in the back. It was entirely confined to the integument, and its exact nature remained doubtful even after excision. Its section yielded no juice, but its microscopic elements were chiefly nuclei, with very little fibre tissue. The infant recovered well.—*Med. Times and Gaz.*, August 25, 1855.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Notices of the Works of Charlatans.—The editor to the *Western Lancet*, in his number for October last, justly complains of the countenance and comfort afforded to charlatanism by some of the Eastern journals, by the reviews and notices they give of the publications emanating from irregular practitioners at the West.

The editor of the *Medical Counsellor* heartily responds to this complaint, and we would respectfully invite the attention of our cotemporaries to this well-founded grievance.

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Memphis Medical College.—Dr. John Borland, late U. S. Senator, has been appointed Prof. of Physiology in this school.

FOREIGN INTELLIGENCE.

Mode of Formation of Sugar in the Liver.—An important paper on this subject was read at the Academy of Sciences, on the 24th of Sept, by Prof. C. Bernard. According to our ideas of the nature of secretions, these organic actions are either a mere filtration or a kind of catalysis. A third mode of secretion must be admitted as taking place in the liver for glucose, and likely, also, in the lungs for pneumic acid. The following experiment of Professor Bernard shows that glucose is not formed by the liver from certain substances contained in the blood, as Lehmann and Frerichs have stated; but that it is produced in consequence of a chemical transformation of substances already existing in the liver. A strong, healthy dog was killed seven hours after having eaten much meat, and its liver was taken out of the body. The vena portæ was adapted to a gutta percha tube, connected with the stopcock of a fountain, from which water was coming with a considerable force. At first, all the blood, and afterwards all the sugar, contained in the liver, were washed away, and so completely, that there was no trace whatever of glucose remaining in the tissue of the gland. Then the liver was put aside for about twenty-four hours, after which time a large amount of sugar was found in its tissue, and also in a liquid contained in its bloodvessels. From this experiment, and some others, Professor Bernard concludes that the formation of sugar in the liver is a mere chemical change taking place in a substance previously existing in the tissue of this gland.—*Med. Times and Gaz.*, Oct. 13, 1855.

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Death from Chloroform.—Another victim has to be added to the list of those who have already died through the effects of this powerful agent, and that in Edinburgh, where it first sprung into notice. On the 30th ult., a lady from the country, attended by her husband, sought the professional services of Dr. Roberts, dentist, in that city. Chloroform was administered at her own request, and fatal consequences ensued, notwithstanding every effort being used to avert such a catastrophe. While cases have occurred in all directions, Edinburgh has seemingly enjoyed an immunity hitherto from anything of the sort. The disgraceful state of the law in Scotland, in dispensing with the coroner's inquest, prevents any scientific investigation being made. In all cases like the present, it would be but just and proper that every publicity be given them, and that for the sole purpose of extending to all a warning against the use of such an agent in any but cases of the most urgent necessity.—*Lancet*, Nov. 10, 1855.

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Nux Vomica as an Aperient.—Among the conditions over which nux vomica, and its active principle, strychnia, possess most useful powers, is that of habitual constipation, from muscular atony of the intestinal tube. At the City Hospital for Diseases of the Chest, we observe that Dr. Peacock and Dr. Andrew Clark are both in the habit of frequently resorting to it for this purpose. It is generally given in combination with the compound rhubarb pill, and in doses of the extract of from a sixth to half a grain. Of itself it can, perhaps, scarcely be deemed an aperient—that is, it does not so much excite peristaltic action, as supply tone to the weakened muscular coat, by which it is enabled to respond efficiently to other irritants. Hence the need for combination with rhubarb, aloes, or some similar drug. Dr. Peacock mentioned to us a case under his care in St. Thomas's Hospital, in which a man of feeble intellect, and torpid nervous system generally, had derived great benefit from its employment. At first, the bowels were obstinately costive, and lavements produced no action; but since the use of the nux vomica (twice daily, gr. ss.) they have so far increased in power and susceptibility, that simple injections are quite sufficient, and procure all the action that is necessary.—*Medical Times and Gazette*, Nov. 10, 1855.

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Chlorate of Potash in Ptyalism.—In two cases of severe salivation from mercury, recently under his care at the Metropolitan Free Hospital, Mr. Hutchinson has employed the chlorate of potash, administered internally. In each a rapid cure was effected The first case was that of a prostitute, aged 19, who, suffering from primary syphilis, had been ordered five grains of blue pill, and a quarter of a grain of opium, twice a day. After taking nine of these pills, profuse and most threatening ptyalism set in. The lips, cheeks, and gums, became much swollen, the breath was fetid, and there were large ulcerated surfaces on the inside of both cheeks. She could not eat, and the pain kept her awake at night. The original sore had nearly healed Fifteen grains of chlorate of potash, thrice daily, in an ounce of water, were ordered, no other treatment whatever being adopted. On the next day there was marked improvement; on the third day all fetor had disappeared, and the ulcers were nearly healed; at the end of a week she could eat crusts, and the mouth was, in every respect, perfectly well. In the second case the disease was in a milder form, but the benefit was not less marked. —*Medical Times and Gazette*, November 10, 1855.

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Aconite in Ephidrosis.—M. Imbert-Gourbeyne relates an interesting case of idiopathic general sweating, which, after continuing a long period, was immediately relieved by a few spoonfuls of syrup of aconite, which he gave from recollection of the great benefit Dupont stated he had derived from this drug in a similar case. In another instance, he found the same remedy efficient in the sweating of phthisis, when given for a coincident neuralgia.—*Gaz. Med. de Paris.*

—

Turning by External Manipulation of the Abdomen.—M. Mattei, a Corsican Professor of Midwifery, draws attention to the feasibility of this procedure in rectifying the position of the child. By its means, he says he has frequently, in pelvic presentation, been enabled to raise the pelvis, and press down the head into its proper position, repeated attempts to do this causing no ill consequences. The diagnosis of the position of the child by palpation of the abdomen and auscultation is easy, and the performance of the operation at the latter end of pregnancy is not difficult, if attempted before the child is engaged within the pelvis. During the 8th, or at the commencement of the 9th month, is the preferable period.—*Gaz. Med. de Paris*, No. 23.

This mode of turning has frequently been resorted to in Germany. (See *B. and F. Med.-Chir. Rev.*, vol. iv. p. 296)

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Tincture of Iodine in Bubo.—M. Joliclerc states, as the result of much observation, that tincture of iodine is the best application in bubo, preventing or dissipating fluctuation, and facilitating healing if the bubo be already open. He applies it by gentle friction, so as to avoid vesication.—*Gaz. des Hôp.*, No. 17.

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Rapid Detection of Sugar.—M. Botte has several times employed the method suggested by Liebig of quickly detecting sugar. A small quantity of ox-gall is dissolved in the suspected fluid in a test-glass, and a quantity of concentrated sulphuric acid equal in amount to that of the fluid in the glass is rapidly added, care being taken to pour it along the side of the glass. If sugar be present, a beautiful purpurine is immediately produced.—*Rev. Med.* June.

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A Useful Hæmostatic.—M. Morel, a military Pharmacien, has prepared the following fluid, which has often been found highly useful: Tannic acid $\frac{1}{20}$, alum, 1, rose-water 40 parts.—*Ibid.*

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On the Effects of Lightning in France.—M. Boudin has recently published some elaborate statistical papers upon this subject, from which we may glean some interesting observations.

In 1851 there were 105 fires caused in 80 departments; 72 persons have been killed annually upon the spot. The unequal distribution of this mortality is seen from the fact, that while in the department of the Eure 2 were killed in the years 1835–52, there were 44 deaths in the Haute-Loire, and 48 in the Puy de Dôme. Not a single person was killed in those years in the chief town of any of the departments, large towns being much spared. Fewer women than men were struck. Among the accidents produced, the author insists particularly on the images observed on the bodies of a large number of the victims, and to which he gives the name of *Keraunographic.*

M. Boudin observes that lightning is especially remarkable from its presenting such contrasting and Proteiform effects. In one instance it kills, and in another it cures. Here it induces the loss of sight, hearing, or the power of motion; while there it cures the paralytic, the blind, or the deaf. It may destroy all the clothing while it respects the body, or it may destroy the body, leaving the clothes uninjured. At one time the victim is killed on the spot, remaining in the position when struck, whether standing upright or on horseback, while at another he may be projected more than twenty metres, and found among the branches of a clump of trees. Sometimes the anatomical changes produced are terrible, rupture of the heart and crushing the bones being among these, while at others the most attentive examination can detect no apparent lesion. Here we may have flaccidity of limbs, collapse of the lungs, and fluidity of the blood; while there we have dilatation of the lungs, coagulated blood, rigidity of the limbs, and closure of the jaws. Sometimes the laws of decomposition seem defied, and at others the most rapid and horrible putrefaction sets in. By the side of a body burnt to ashes you may have death from congelation. The lightning that breaks the tree or a wall rarely induces mutilation of the human body. But of 5 instances of mutilation, resulting from the analysis of more than 1,000 observations, in 4 there was partial or complete tearing out of the tongue.—*Med. Times and Gaz.*, Oct. 13, from *Bulletin de l'Acad.*, t. xx.

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Homœopathy, and the Cholera at Marseilles.—Marseilles possesses, it would appear, a very considerable number of homœopathic physicians; to believe them, they would cure all their patients, and it was only in consequence of a kind of blind infatuation that their allopathic brethren refused to adopt their mode of treatment. The authorities, little satisfied with the result of ordinary medicine, wished to know the truth of the matter. They set the homœopaths to work, and the following letter, addressed to Dr. Bouquet to the *Gazette des Hôpitaux*, proves once more how easy it is to be deceived as to the efficacy of remedies, until carefully instituted experiments interpose to distinguish the efforts of Nature from the action of medicines:—

"Homœopathy has just experienced a severe check in our town.

"You have perhaps heard of the noise it made last year with its pretended success in cholera. Dr. Chargé asserted that he had not lost one out of several hundred patients, and he published this statement in the political journals of Lyons and Bordeaux.

"When, during the present year, the scorge visited us anew, the authorities bestirred themselves, and thinking it was their duty to bring the truth to light, they entrusted one of the wards of the Hôtel Dieu to Dr. Chargé. There, assisted by his colleagues in homœopathy, by pharmaciens, and by some young people his adepts, who devoted themselves to tending the patients (for he had found the ordinary staff insufficient and incompetent). he obtained the result which might easily have been anticipated; the broad daylight did not display success.

"Of 26 cholera patients admitted into this ward, 21 died, and M. Chargé withdrew.

"To render the experiment conclusive, a ward had been set apart, in which the patients were treated by rational means, which did not profess to work wonders.

"During the same period, of 25 patients but 11 died.

"Each ward had its turn of reception.

"I think that these facts are sufficiently decisive to render a renewal of such experiments needless, for if science profits by them, which is doubtful, humanity suffers not a little."—*Journ. de Méd. et de Chirurg. Prat.* Oct. 1855.

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Tubercular Leprosy.—At a late meeting of the Medico-Chirurgical Society of Edinburgh, Dr. Broadbent, resident house-surgeon in the Edinburgh Hospital under Professor Syme, exhibited, at the request of that gentleman, a young man from one of the Hebrides, who had suffered for ten years from tubercular leprosy.

Dr. Otto Spiegelberg, then on a visit to Professor Simpson, stated that he had seen several cases of the disease in Vienna. Professor Helva regarded a certain melancholy, or sorrow, as one of the earliest signs of the disease. The same gentleman had found whole villages in Norway and Sweden full of patients labouring under the disease. The Government had found it necessary to separate the infected. The only treatment adopted was, the administration of iron and a nutritious diet. All the patients he (Dr. Spiegelberg) had seen, died eventually from tubercular disease of the lungs.

Professor Simpson remarked that he had the previous day seen a similar case, the first that had ever come under his notice. The lady was about sixteen years of age, her father and mother were English; she had been born in Jamaica. The lady had passed some portion of her life in a convent in the Himalaya Mountains, but had never seen the disease there. In her case a symptom of leprosy, mentioned by Barnard Gordon, was present—the disappearance of the muscles between the thumb and forefinger. Professor Simpson believes that leprosy is evidently on the increase in several European countries. In Norway, with a population less than Scotland, 2,000 were returned as labouring under leprosy. In Canada, two hospitals have been opened for their reception. In Palestine, leper villages are still to be seen. Dr. Simpson has little doubt of its contagious character in the early stages.—*Report of Meeting.—Lancet*, Nov. 3, 1855.

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Melanosis — the Indefinite Nature of Melanoid Tumours.—Mr. FERGUSSON had an opportunity of showing his class, last week, a very perfect specimen of what he terms "melanosis," or melanoid cancer, connected with which were one or two positions which appeared to us of very practical import. The received pathology of such growths, at present, we believe is, that the melanic or black matter of melanoid growths is something of an accidental deposit, and not in any way significant of a specific series of the worst kinds of malignant growths or cancer—"black cancer," as they are called in Edinburgh—several such tumours, and possibly this one, not being cancer at all. Mr. Fergusson remarked, it was very important to be able to assure patients in private practice that such a tumour was not malignant, or was malignant; it did not do to say a patient would die in twelve months, or to assure friends that that was the "utmost span" of existence on which he could calculate, when he would probably return in ten or twelve years apparently quite well. He also cited a case of this kind in which he was obliged to remove such a tumour, previously operated on by the late Mr. Aston Key. It appeared to have effected a perfect cure. The patient got stout, and apparently healthy, but recently died of another disease, when a tumour of the melanosis kind weighing forty pounds, was found in the abdomen. This tumour had been possibly growing from the first, but for a period of eight or ten years was not suspected, and could not have been of a very malignant character, or it would have shown its effects earlier. In the present case, the man was in King's College Hospital, under Mr. Fergusson's care, five years ago. He then complained of excessive pain. A small vascular tumour appeared near the umbilicus, and was removed by ligature. The tumour, which put on much of the appearance of aneurism by anastomosis, subsequently grew again, and was then melanotic, but was removed by the knife; it now appeared cured; but soon after a tumour began also to grow in the groin. The more usual way of explaining these tumours, Mr. Fergusson observed, was, that they degenerated into cancer. He also stated a curious circumstance, that veterinary surgeons found melanosis the most common form of tumour in horses, and that they were much more common in those in which there was a want of pigment in the hairs and skin—in other words, gray horses. This point is not without interest, as bearing on another recently urged by Rokitansky and others, that the blackness of melanosis arises from altered or dissolved hæmatine, and is pure carbon, not unlike the pigment in the negro, but certainly only accidental, there being, in fact, no such class of tumours at all, in a strictly pathological point of view, as "melanosis." An abundance of pigment occurs in non-malignant melanosis of the skin, appearing to arise, curiously enough, in the corium, or part coloured in the negro. Where the black deposit is found in cancer growths, it (in the vast majority of cases) selects encephaloid, and gives a peculiar feature, like hæmatoid to fungus hæmatodes, to that special form of cancer. Here the prognosis of the surgeon must be very unfavourable indeed, and a few months may terminate a case, not differing very materially, in outward appearance, or sensible signs of blackness, from a tumour that may be merely recurrent, or even non-malignant. Encephaloid, Mr. Fergusson observed, in its tendency to infiltrate adjoining parts, to affect the glands, to reproduce similar growths in other parts of the body, and to return after removal, or, as more commonly known, by the term medullary sarcoma, is, with or without this accidental development of black pigment, the most formidable and fearfully malignant disease with which the surgeon has to deal.—*Lancet*, Nov. 10, 1855.

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Dysentery and Hepatic Abscess.—The frequency of abscess of the liver in intertropical regions, and its comparative infrequency in temperate climes, have long been the subject of observation. The connection of abscess of the liver with dysentery has been especially noted by eastern practitioners. We are informed that in India almost a moiety of the cases of dysentery is complicated with abscess of the liver. The researches of French physicians in Algeria have proved the frequency of hepatic inflammations in the dysentery of that province. Here, the combination is rare; but I have more than once observed it. In the Millbank Penitentiary dysentery prevails frequently; but from Dr. Baly we learn that abscess of the liver has not been found as a complication. In the cases of dysentery observed by Dr. Mayne, in the South Dublin Union, the tissue of the liver was found invariably softened. This was not the case in the present instance (a boy eleven years old); the tissue of the liver, with the exception of the part immediately surrounding the abscess, differed in no respect from healthy hepatic tissue in consistence, but it was unnaturally pale. The age at which this combination of dysentery and abscess of the liver existed is, I apprehend, unusually early. M. Legendre, however, has recorded cases in which hepatitis followed enteritis at a very early period of life.—Dr. Banks in *Dublin Hospital Gaz.*

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Puerperal Convulsions prior to Labour.—During some recent clinical remarks, M. Paul Dubois observed that it was formerly generally believed, and is so still by many, that in these cases we should induce premature labour. He does not agree to this view, and thinks the practice may even be injurious. It is indeed useless, because labour always comes on of itself, under the influence of convulsion, and it is injurious, by reason of its irritating the uterus, and thus aggravating the convulsions. For the same reasons, he objects to the use of ergot. He employs general bleeding, as far as the strength will permit it, leeches behind the ears, and purgatives. Of these last, calomel and jalap, mixed up with honey, and laid on the tongue every hour until it operates, is the best. Sinapisms should also be applied to the feet, and ice to the head. The only operation justifiable is the application of the forceps, when the head is engaged in the pelvis, and solely in aid of the last expulsive efforts.—*Med. Times and Gazette*, Sept. 29, from *Gaz. des Hôpitaux.*

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Obituary Record.—Died, in Paris, on Sunday, Oct. 7, 1855, of disease of the heart, Magendie, the eminent physiologist, at the ripe old age of 72 years.

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MDCCCLVI.

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PHILADELPHIA:
BLANCHARD AND LEA.
1856.

PHILADELPHIA:
T. K. AND P. G. COLLINS, PRINTERS.

THE MEDICAL NEWS AND LIBRARY.

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Statistics of the Principal Operations performed in the London Hospitals during the month of August, 1855.

Lithotomy.—Number of cases, 4; recovered, 3; died 1.

Case 1. A child, aged 2½, in fair health, under the care of Mr. Cock, in Guy's Hospital. The usual operation was performed, and very little bleeding attended it. The stone removed was about the shape of a date stone, but smaller. About an hour after the operation severe bleeding occurred, and when Mr. Cock was summoned the child was all but dead. A trial was made of the oiled silk apparatus made for that purpose, but it failed to control the bleeding, and was removed. The wound was next filled with sponge, and the hemorrhage was now arrested. The child subsequently recovered well. *Case* 2. A boy, aged 9, in good health, under Mr. Hilton's care, in Guy's Hospital. Some bleeding followed the operation, and the oiled silk apparatus, with ice, was employed successfully. An ovoid lithic acid calculus, nearly as large as a walnut, was removed. Recovered. *Case* 3. A delicate boy, aged 4, under the care of Mr. Borlase Childs, in the Metropolitan Free Hospital. He was taken first to Mr. Childs' house, suffering from retention of urine and other symptoms of impacted calculus. On passing a sound a rough substance was felt in the prostatic urethra, over which the end of the instrument passed. In the belief that it would not be necessary to enter the bladder, the operation was at once performed. The stone, however, had meanwhile slipped back, and an ordinary lithotomy procedure was consequently necessary. A small stone was removed, and the child afterwards sent to the hospital. Recovered without a bad symptom. *Case* 4. A man, aged 68, under the care of Mr. Fergusson, in King's College Hospital. He was in bad health and paralytic. The symptoms of stone had been present for a year, and dated from an attack of paralysis of the bladder, which had now been quite recovered from. The usual operation was performed, when the stone was found to be

Published monthly by BLANCHARD & LEA, Philadelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage to the subscriber.*

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encysted behind the prostate. A small portion broke off in the forceps, but for the dislodgement of the remainder the scoop was necessary. The stone was the size of a small cherry, being a mulberry nucleus, coated with phosphates. The man did badly afterwards, and death took place on the fifth day. At the autopsy the cellular tissue of the pelvis was found infiltrated with pus. The kidneys were contracted, and occupied by many cysts; the ureters were inflamed, and contained pus. The bladder was extensively sacculated, and its mucous membrane so much congested as to appear on the point of sloughing. There was no peritonitis. The heart was large and fatty, and its aortic valves diseased to a small extent. The brain was congested, and its bloodvessels extensively ossified.

Lithotrity.—The man recently under the care of Mr. Curling, in the London Hospital, has been discharged well. Three operations had been performed, from none of which had the slightest inconvenience resulted. The fragments of a smallish calculus were passed by the urethra, and subsequently all symptoms ceased, while by careful sounding no stone could be detected.

Cystotomy for Irritable Bladder.—A man, aged 56, was admitted into King's College Hospital, suffering the symptoms of irritable bladder, the commencement of which dated five years back. He was compelled to pass his water every quarter of an hour, and suffered much pain before and during the act. The bladder had been examined for stone, but none had ever been detected. The urine was in a healthy condition. Under these circumstances Mr. Fergusson determined to try the effect of opening the neck of the bladder. Incisions almost exactly resembling those of lithotomy were accordingly made, and the case subsequently treated as one of stone. No calculus was found. Considerable bleeding followed the operation, but it was arrested, and the man has since done well. The distressing symptoms have been greatly relieved. The wound is now nearly healed, and all the urine flows by the penis.

Trephining of the Skull.—Both the patients whose cases were mentioned last month have since been discharged well.

A boy, aged 14, was admitted into St. Mary's Hospital, under the care of Mr. Haynes Walton, on account of a compound fracture, with depression of the left parietal bone near its middle. The injury had been occasioned by a brick, which had fallen on to the head from a height of fifty feet. There were no symptoms of compression, and the dura mater was not lacerated. By means of Hey's saw a portion of overhanging bone was cut away, and the depressed fragment was then raised into its place. Doing well.

Herniotomy.—Case No. 6 of last month. In this, a woman under Mr Ward's care, in the London Hospital, suffered from an artificial anus, after an operation for femoral hernia. The discharge of feces continued solely from the wound, until the 27th day, after which it gradually ceased, and the latter is now quite healed. The woman has regained her health, and the bowels act spontaneously. Recovered.

Number of cases, 6; recovered, 3; under treatment, 1; died, 2.

Case 1. A man, aged 33, under the care of Mr. Paget, in St. Bartholomew's Hospital, on account of an inguinal hernia of fourteen years' standing, Strangulation had existed fourteen hours, symptoms severe. Reduction could not be effected until the sac was opened, the neck of the latter constituting the stricture. The sac contained much dark serum. Recovery, without a bad symptom. *Case* 2. A woman, aged 60, under the care of Mr. Haynes Walton, in St. Mary's Hospital. The hernia was femoral, and had been irreducible for six years. Symptoms of strangulation had been present for two days, and had followed a sudden increase in size of the tumour. There had been vomiting and constipation, and the tumour was tender and the abdomen tense. The sac was not opened. Recovered. *Case* 3. A boy, aged 16 months, under the care of Mr. Gowland, in the London Hospital, on account of congenital hernia. The tumour was the size of an egg, and had been strangulated thirty hours. The infant had been brought to the hospital on the previous day, and reduction attempted in vain; but there being then no urgent symptoms, the operation was deferred. During the night, however, there had been vomiting. The symptoms were not very severe, but Mr. Luke and Mr. Gowland having both failed in their attempts at taxis, it was decided to operate. The sac was not opened. Recovered well. *Case* 4. A woman, aged 56, under the care of Mr. Cock, in Guy's Hospital. Hernia femoral, strangulated forty hours, the size of a pigeon's egg. The symptoms were acute and severe. The sac was not opened. Some bleeding followed the division of the stricture, and it was needful to plug the wound with sponge in order to control it. The symptoms were at once greatly relieved, but, during the next few days, the belly remained full, and there was a tendency to vomiting. Calomel and opium were employed. On the fourth day the bowels acted after an enema. On the seventh day the bowels had acted freely, and all tension of the abdomen had disappeared; the wound, however, was sloughy. On the eighth day a profuse discharge of what appeared to be the contents of the small intestine took place. The escape of feces by the artificial anus continued, and, a fortnight later, a mass of sloughy omentum was discharged. The passage per anum continued throughout to occur occasionally, showing that the canal of the gut was not occluded. At present the artificial opening is all but closed, and the woman is in a fair way for recovery. *Case* 5. A woman, aged 65, under Mr. Cock's care, in Guy's Hospital, on account of a femoral hernia four days strangulated. The abdomen was tense and tender, and there were from the first the signs of existing peritonitis. Reduction could not be effected until the sac had been opened. The bowel was found sticky with lymph, and slightly adherent, there being no fluid whatever in the sac. Great difficulty was encountered in returning the bowel without also allowing the sac to slip up, and the latter had to be held *in situ* by forceps during the reduction. The bowels never acted, and death from general peritonitis occurred on the fourth day. The autopsy showed the effects of acute peritonitis, and, in the strangulated portion was a pinhole aperture, through which, however, no escape of feces had taken place. *Case* 6. Of this case, in which, after the usual operation for femoral hernia, death occurred, we have not been able to obtain any particulars.

Amputations.—The cases left under care by last month's report have either recovered or remain under treatment.

Number of cases, 10; recovered, 6; under treatment, 2; died, 2.

Of the Thigh.—*Case* 1. A woman, aged 47, under the care of Mr. Curling, in the London Hospital, on account of a contracted knee. In June, 1852, this patient had (under Mr. Paget's care, in St. Bartholomew's Hospital) an abscess in the lower part of the thigh opened, which had occasioned very peculiar symptoms. (See *Medical Times and Gazette*, July 10, 1852, page 38.) The wound afterwards was, for some time, very unhealthy, and ultimately she left the hospital, before it was quite healed. Soon after her return home, sloughing phagedæna attacked the sore, and for this she was shortly after admitted into St. Thomas's Hospital, under Mr. McMurdo's care. The phagedæna was extensive and severe, and repeated consultations were held respecting the propriety of amputating; the question being decided in the negative, only because of the woman's extreme debility. For two months or more she was not expected to recover. At length, however, the wound slowly healed. Since then, her limb has been quite useless on account of the contraction of the knee, and she now sought admission into the London Hospital, in order to have it removed. Mr. Curling amputated through the middle of the thigh, cutting his flap chiefly from the outer and posterior aspects, as these were the only parts not involved in cicatrix. During the fortnight following the operation the woman was feeble, and the aspect of the stump was bad, on account of protrusion of the bone. No sloughing, however, occurred, and by careful management the soft parts were brought forward so as to cover the bone. The stump is now nearly healed, and the woman's health good. *Case* 2. A boy, aged 5, under the care of Mr. Lawrence, in St. Bartholomew's Hospital, on account of diseased knee-joint of twelve months' duration. He was very feeble, and there were large collections of matter in the thigh. By careful preparatory treatment, good diet, etc, he was got into a state of health sufficiently improved to bear the operation. He recovered well. *Case* 3. A strumous boy, aged 13, under the care of Mr. Coulson, in St. Mary's Hospital, on account of diseased knee and ankle-joint in the same limb. Amputation through the thigh. Doing well. *Case* 4. A man, aged 33, under Mr. Fergusson's care in King's College Hospital, on account of medullary cancer of the lower part of the femur. The disease had existed fifteen months, and had rapidly advanced during the last two. The man had lost much flesh, and was cachectic. Amputation by double flaps was performed, about two inches below the trochanter. Very little blood was lost. Death from exhaustion occurred on the second day. Excepting a fatty condition of the heart, the autopsy showed nothing remarkable. *Case* 5. A man, aged 22, under the care of Mr. Callaway, in Guy's Hospital, on account of compound fractures of both legs. He was a railway ticket-collector, of temperate habits, and, before the accident, in excellent health. The injury had caused severe collapse. As soon as reaction was commencing (about twelve hours after the accident), primary amputation of the right thigh was performed; the injury on that side being much the more severe. The man sank, and died of exhaustion about forty-eight hours after the operation.

Of the Leg.—Case 6. A lad, aged 15, under the care of Mr. Cock, in Guy's Hospital, on account of acute disorganizing disease of the ankle-joint. The disease had existed but two months, but it had reduced the boy to so extreme a condition of emaciation and debility, that it was feared he would not live through the operation. There had been most profuse discharge. The amputation was by lateral flaps in the middle of the leg. The boy rallied well from the operation, and made a rapid and excellent recovery.

Of the Upper Extremity.—Case 7. A lad, aged 15, in excellent health, was admitted under the care of Mr. Ward, into the London Hospital, on account of a crushed hand. Primary amputation at the wrist-joint was performed, the chief flap being obtained from the palm. The stump healed without any abscess, and was sound on the twentieth day. The boy possesses good power of pronation and supination. *Case* 8. A lad, aged 12, was admitted into St. Bartholomew's Hospital, under the care of Mr. Lawrence, on account of a crushed hand. It was necessary to remove at once all the fingers, with their metacarpal bones, but, as the thumb was uninjured, an attempt was made to preserve it. The soft parts proved, however, to have been too much bruised, and such an amount of sloughing followed as exposed the bones, and rendered a secondary amputation through the forearm necessary. This was performed two weeks after the accident, the lad then being in good condition, and the wounds granulating. Recovered well. *Case* 9. A man, aged 43, in good health, admitted, under the care of Mr. Cock, into Guy's Hospital, his hand having been cut off by a circular saw. Primary amputation through the forearm. Recovered. *Case* 10. A girl, aged 14, in fair health, under the care of Mr. Canton, in Charing-Cross Hospital, on account of diseased elbow-joint, the consequence of an injury received ten weeks before admission. The humerus being diseased to within three inches of the shoulder-joint, amputation at that part was performed. The patient recovered quickly.

Excision of Joints.—A girl, aged 17, under the care of Mr. Hancock, in the Charing-Cross Hospital, on account of diseased elbow-joint. She was in a condition of health quite favourable to the operation, and excision of the articulation was accordingly performed in the usual manner. Her progress afterwards was good for ten days, when she was seized with the symptoms of acute pneumonia, from which she died on the fourteenth day. No autopsy was permitted.

Removal of the Testis.—A healthy-looking man, aged 18, was admitted, under the care of Mr. Coulson, into St. Mary's Hospital, on account of considerable enlargement of the right testicle. The disease was believed to have existed only two months, and had only occasioned slight pain at intervals. The gland was about the size of a goose's egg, smooth, with a tight, elastic feel, but without fluctuation. The cord was not affected. The scrotum was red, and a little inflamed. After a fair trial of mercurial and iodine treatment, the removal of the gland was decided upon. After the operation, the patient had an attack of scarlet fever, from which, however, he recovered well. The wound soon healed. The disease proved to be cystic sarcoma, and involved the greater part of the gland.

Removal of Malignant Tumours.—Case 1. A man, aged 36, under the care of Mr. Fergusson, in King's College Hospital, on account of cancer of the scrotum, of fifteen months' duration. The disease involved the whole of the front part, and extended backwards, leaving a deep hollow between the testes. The whole was excised, and the edges of the wound brought together by sutures. Doing well. *Case* 2. A man, aged 47, in good health, under Mr. Fergusson's care in King's College Hospital, on account of epithelial cancer of the lower lip, of six months' duration. The man had never been a smoker. Excision by the V-shaped incision, the wound being subsequently united by needles. Recovery, with extremely little deformity. *Case* 3. A woman, aged 54, under the care of Mr. Cock, in Guy's Hospital, on account of a reappearance of cancer in the cicatrix after partial excision of the breast. The first operation had been performed ten years ago, when a well-characterized mass of scirrhus was removed, together with the upper half of the mammary gland. For nine years she remained quite well, but during the last year some scirrhous nodules in the cicatrix had been slowly developing. The operation consisted in excising the cicatricial tissues and neighbouring skin. Recovered. *Case* 4. A man, aged 56, under care in St. Bartholomew's Hospital, on account of an ulcerated epithelial cancer of the upper lip. The excision was performed by Mr. Jowers (House-Surgeon), a large triangular portion being cut away. The wound was united by hare-lip pins, and was quite healed in a week. *Case* 5. A delicate and nervous woman, aged about 45, under the care of Mr. Lloyd, in St. Bartholomew's Hospital, on account of a scirrhous tumour in the breast, with enlarged axillary glands. The operation was performed by Mr. Jowers (House-Surgeon), and consisted in the removal of the entire breast, and of the affected glands. The wound was, necessarily, large, the dissection extending into the axilla. The woman was not hopeful, and, before the operation, had expressed an opinion that she should not recover. A few days after the operation she was attacked by feverishness, symptoms of cerebral irritation, and from these she died at the end of a fortnight. No autopsy permitted. *Case* 6. A man, aged 44, in fair health, under the care of Mr. Lloyd, in St. Bartholomew's Hospital, on account of extensive cancerous ulceration of the lower lip. The diseased part was freely excised. For five days following the operation the man did well, but subsequently an attack of erysipelas occurred, which was attended by a general eruption, resembling scarlet fever, and from which he died. *Case* 7. A man, aged 50, under Mr. Lloyd's care, in St. Bartholomew's Hospital, on account of epithelial cancer, involving the right angle of the mouth, and large portions of both upper and lower lips. The diseased parts were excised, and the edges of the wound united. The wound did not heal, and is already extensively involved in a return of the disease. *Case* 8. A man, aged 79, under care on account of an epithelial cancer of the lower lip. Excision. Recovery. *Case* 9. A stout, healthy man, aged 76, under the care of Mr. Lawrence, in St. Bartholomew's Hospital, on account of a cancerous growth, the size of an egg, on the right side of the forehead. It had grown in the cicatrix of a previous operation for the same disease, which was performed by Mr. Lawrence three years ago. The origin of the first growth was attributed by the man to a blow which he had received. At the former operation the disease was of epithelial character, but, on the present occasion, the section of the tumour presented also spots of melanosis. He recovered well. *Case* 10. A woman, aged 45, under the care of Mr. Lane, in St. Mary's Hospital, on account of returned scirrhous cancer in the cicatrix, left by the removal of the mammary gland, five years ago. There were numerous small tubercles, which, together with the adjacent skin, were dissected away. The wound healed quickly. *Case* 11. A man, aged 40, under the care of Mr. Spencer Smith, in St. Mary's Hospital, on account of epithelial cancer of the lip, of six months' duration. Excision. Recovery. *Case* 12. A man, aged 60, under the care of Mr. Callaway, in Guy's Hospital, on account of an epithelial cancer of the lip. It was of large size, and situated at the left angle of the mouth. After excision, the wound healed, but the man, having left the hospital, commenced again his habit of smoking, irritated the cicatrix, and caused it to again ulcerate. *Case* 13. A man, aged 44, somewhat cachectic, was admitted into Guy's Hospital, under the care of Mr. Callaway, on account of a large growth of medullary cancer from the axillary lymphatics. The tumour was the size of two fists. On the arm of the same side was a large congenital mole, which had recently ulcerated, and become painful. In the operation, the tumour was found to lie directly on the axillary vein, and a careful dissection was required. The man is now nearly well. Since the operation, the mole on the arm has healed, and has ceased to be painful.

Removal of Non-Malignant Tumours.—*Case* 1. A man, aged 25, under the care of Mr. Birkett, in Guy's Hospital, on account of a very large erectile growth in the skin and subcutaneous tissue of the right side of the abdomen. It covered a space as large as three hands outspread side by side, and had a thickness in parts of nearly two inches. It was of congenital origin, but had given no trouble until latterly, when it had increased in size, and become covered with small warts, or papillary growths, from which there had been much oozing of thin blood. By the continued drain of blood the man had been reduced to a state of great anæmia. In the excision it was found to be united inseparably to the external oblique muscle, parts of which had to be removed with it. The dissection required great care, and was effected with but little loss of blood. The wound left was, necessarily, very large indeed. The man has done remarkably well since the operation, and may now be considered out of danger. The structure of the growth proved, after the operation, to resemble exactly that of the corpus spongiosum. *Case* 2. A pale, weakly woman, aged 39, under the care of Mr. Lawrence, in St. Bartholomew's Hospital, on account of a parotid tumour, about the size of an egg. It was of several years' growth, but had not until lately occasioned any pain. In the operation it was found to have deep attachments, and being adherent to the parotid, a portion of the latter was necessarily removed with it. Its structure was glandular. The patient recovered well. *Cases* 3, 4, 5, and 6. In these, fatty tumours of considerable size, were removed from various parts of the body. In all, the patients recovered well. *Case* 7. A woman, aged 22, under the care of Mr. Cock, in Guy's Hospital, on account of a small fibrous tumour on the capsule of the left mammary gland. It had been very painful and was accordingly excised, although so small that, after the operation, it scarcely appeared more than an indurated tissue. The wound soon healed, and the pain, hitherto, has not returned in the least. *Case* 8. A boy, aged 4, under Mr. Cock's care, in Guy's Hospital, on account of a mass of warts, as large as the fist, by the side of the anus. They were removed by curved scissors. Recovered. *Case* 9. A man, aged 44, under the care of Mr. Lane, in St. Mary's Hospital, on account of a fibrous tumour over the sacrum, believed to have been produced by a fall six years before. Excision. Doing well. *Case* 10. A girl, aged 17, under the care of Mr. Coulson, in St. Mary's Hospital, on account of a fibrous tumour in the breast, the size of a walnut. It had not been in the least painful, but was increasing in size. Excision. Recovery. *Case* 11. A woman, aged 49, under care, on account of a large proliferous cystic tumour of the breast. It had been increasing for more than two years, and rapidly of late. Excision. Recovery. *Case* 12. A woman, aged 31, in good health, under the care of Mr. Hilton, in Guy's Hospital, on account of a "fungoid tumour" growing from the lower jaw and its gum. She was pregnant, and within a few months of confinement. The tumour was about the size of half a walnut. In the operation, it was found necessary to gouge out the bone at the affected spot, and afterwards to apply the actual cautery to arrest hemorrhage. The wound soon healed. *Case* 13. A man, aged 35, under Mr. Callaway's care, in Guy's Hospital, on account of a large indurated bursa in front of the left patella. It was necessary to excise it, and in order to avoid having a cicatrix directly in front, which would have prevented kneeling, Mr. Callaway made a curved incision over the inner side of the joint, and dissected outwards the flap. Owing to the occurrence of some secondary hemorrhage, it was necessary to open the wound, and the healing has not, therefore, been as rapid as could have been wished; it is, however, progressing favourably. *Case* 14. A woman, aged 19, under Mr. Callaway's care, in Guy's Hospital, on account of a small fibrous tumour over the side of the os calcis. Excision. Recovery.

Removal of Necrosed Bone.—Nine operations of this class have been performed during the month, and in all the patients are doing well. The three following have points of interest which require special mention. *Case* 1. A boy, aged 8, of strumous aspect, under the care of Mr. Hilton, in Guy's Hospital, on account of disease of the os calcis, of a year's duration. A sinus led down to diseased bone. The operation consisted in dissecting up the soft parts, and then, as a small sinus was found entering into the bone, employing the gouge so as to lay open the cavity. In the latter was found a small fragment of dead and loose bone about the size of a bean, which was easily removed. The wound was left open, and has since done well. *Case* 2. An artilleryman, aged 23, under the care of Mr. Birkett, in Guy's Hospital. In March last, while engaged in the trenches before Sebastopol, he had been struck by a ball, which fractured his right radius, with much splintering. The fracture had since united, but there remained near its site some loose fragments of dead bone. These Mr. Birkett removed, and the case has since done well. The portions of bone taken out were quite smooth, and looked just as splinters from a prepared bone would do, not having undergone any action from the tissues with which they had lain in contact. *Case* 3. A man, aged 45, under the care of Mr. Hutchinson, in the Metropolitan Free Hospital, whose case has been several times mentioned in these Reports. In January last his left elbow-joint was excised. Subsequently, acute inflammation of the whole shaft of the ulna, inducing necrosis and extending into the wrist-joint, occurred. In June the lower fifth of the ulna, including its styloid process, and the whole articular extremity, was excised. At the same time the wrist-joint, which was of necessity opened, was examined, but none of the other bones were found diseased. Both wrist and elbow-joints healed well after the respective operations. There remained, however, the shaft of the ulna, which, extending from below the coronoid process above, to the spot where the lower fifth had separated below, was quite dead, and surrounded by a shell of new bone. The operation performed this month consisted in the removal of this portion, which was accomplished easily after its inclosing shell had been freely opened. The man has since been discharged from the hospital. Both elbow and wrist-joints are in a state of false anchylosis, and do not at present permit of much motion; but the latter improves in its mobility each week, and it is hoped that a useful arm will yet be obtained.

Trephining of Bones for Abscess, etc.—*Case* 1. A man, aged 20, under the care of Mr. Hilton, in Guy's Hospital. For four years past, he had been liable to severe pain in the lower part of the left tibia, at which part the bone was decidedly thickened. Suspecting the existence of abscess, Mr. Hilton cut down over the most painful spot, and trephined. No pus was seen, but the bone was found much thickened and hardened. Since the operation, the man has had no return of pain, and the wound is now nearly healed. *Case* 2. A girl, aged 10, under the care of Mr. Hutchinson, in the Metropolitan Free Hospital. The lower part of the left tibia was considerably enlarged in all its dimensions, and there was a small sinus, which passed in on the inner side to the posterior aspect of the bone, about an inch above the ankle-joint. The presence of a portion of necrosed bone was suspected. The disease had existed for eighteen months, and dated from an illness in which extreme pain in the bone was the chief symptom. Subsequently an abscess formed and broke, and left the sinus still existing. There had been throughout frequently recurring attacks of violent pain, which were generally preceded by comparative arrest of the discharge, and followed by an increased flow. The operation consisted in enlarging the sinus by a vertical incision, which done, it was found that a probe might be passed into a large cavity in the bone through a very small aperture. As this opening lay at the back of the bone, and in close proximity to the tibial vessels, tendons, etc., it was now determined to make a second opening into the cavity from the front. This was done with a small trephine. A piece of dead bone, about the size of a bean, was found, but the abscess cavity in which it lay would have easily contained a large walnut. The bone was greatly thickened. Since the operation, the girl has been quite free from pain; the wounds are healing, and she is now allowed to walk about.

Tracheotomy and Laryngotomy.—Mr. Fergusson's patient, on whom tracheotomy had been performed, as mentioned in last month's report, has since been discharged well. The patient in St. Mary's, under the care of Mr. Lane, for whom laryngotomy had been performed on account of chronic laryngitis, has since died of phthisis. During the month tracheotomy has been performed in two cases under circumstances of peculiar interest. *Case* 1. A boy, aged 3, was admitted into King's College Hospital, with the account that he had just swallowed a small black round shoe-button, having a short piece of string attached. He was brought in within ten minutes of the accident, and was then on the point of death from suffocation, being cold, pulseless, and blue in the face. The button could not be found by examination through the mouth, and Mr. Tutin, the House-Surgeon, accordingly performed tracheotomy at once. The child soon revived after the opening in the trachea had been made. The button could not be found, and up to the thirteenth day (time of report) had not been discovered, although several examinations had been made with that object. The child is doing well, but cannot breathe when the opening in the trachea is closed, the inference being that the foreign body still occupies the larynx. *Case* 2. J. M., aged 5, was admitted into Guy's Hospital, on account of great difficulty of breathing, consequent on the swallowing of a plum-stone. The stone had been ground so as to make a whistle, and with this the boy was in the act of whistling, when a blow from his mother on the back caused him to make a spasmodic inspiration, during which it was swallowed. Immediately afterwards he was seized with great difficulty of breathing, and inability to cough. In the absence of Mr. Callaway, Mr. Cooper Forster was called to him at the hospital, about half an hour after the accident. He was then lying on the right side, breathing laboriously, and making frequent ineffectual attempts to cough. The countenance was livid, the extremities were cold, and the pulse very feeble. Over the chest was a remarkable condition of puffiness, attended by crackling on pressure, as if from subcutaneous emphysema. Any attempts at movement brought on great dyspnœa, but whilst lying quiet the breathing was not attended by any gasping effort. The signs being deemed conclusive as to the presence of the foreign body in the windpipe, tracheotomy was at once performed. The third and fourth rings of the trachea were divided, and but little hemorrhage was encountered. Almost immediately after the opening had been made, a coughing effort threw the stone out into the wound. All the symptoms were immediately relieved. The wound was left open, simply covered with lint. Excepting a slight bronchitis, for which no special treatment was required, the boy made an interrupted recovery. On the fourteenth day after the operation he left the hospital, the wound quite healed, and well in every respect. A few days after the operation, a copious eruption of herpes about the mouth showed itself; but it disappeared spontaneously, and did not appear from the other symptoms to have depended on any pneumonic inflammation.

Operations for Urethral Stricture.—Case 1. A man, aged 50, under the care of Mr. Quain, in University College Hospital. Four years before he had bruised the perineum by falling astride a beam, after which suppuration in the perineum and scrotum occurred. On admission, the perineum and scrotum were much indurated by solid œdema, and several sinuses opened into the former. There were two strictures, one in the penis and the other in the perineum. A staff having been passed through the anterior one, and down to the further one, an opening was made into the urethra in the perineum, and a second in the penis. The anterior stricture was cut through, but not the posterior one. This operation was performed in July. In August, Mr. Quain again operated, and having divided the posterior stricture, succeeded in passing a catheter into the bladder. The man is now progressing favourably. *Case* 2. A man, aged 33, under the care of Mr. Quain, in University College Hospital, on account of old-standing stricture. An instrument was passed through it, and perineal section performed. Doing well. *Case* 3. A man, aged 33, under the care of Mr. Marshall, in University College Hospital, with stricture of six months' duration. The stricture had followed an injury inflicted three years before, which had caused abscess in the perineum, but the symptoms of stricture had been present only six months. When admitted, No. 1 could not be passed, but before the operation Mr. Marshall succeeded in dilating until No. 4 was admitted. Perineal section was performed, and No. 7 subsequently left in for 48 hours. Under treatment.

Puncture of the Bladder.—A man, aged 63, was admitted into St. Bartholomew's Hospital, under the care of Mr. Lloyd, on account of retention of urine. He had suffered from stricture for twenty-seven years, and had been subjected to much treatment. It was thought probable that for a long time he had been unable to empty his bladder, as, although the retention had only been complete for about twenty hours, yet the bladder was enormously distended, and reached nearly to the umbilicus. The hypogastrium was tender, and the man was suffering very much, but there were no signs of uræmic poisoning, and his general health was good. A persevering trial of instruments, on the part both of Mr. Lloyd and his House-Surgeon, failed. A No. 10 could be easily passed to the prostatic region, but, on reaching that part, it turned to the left, and could not be made to enter the bladder. Under these circumstances, puncture of the bladder, above the pubes, was performed. The man was at once relieved, and has had no bad symptoms since. He remains under treatment, nearly all the urine still passing by the artificial opening.

Plastic Operations.—Case 1. A girl, aged 18, under Mr. Fergusson's care, in King's College Hospital, on account of a small cleft in the soft palate which had remained after a partially successful operation performed a year ago. It was closed in the usual way, and united perfectly. *Cases* 2 and 3. Single harelips operated on in the usual way with perfect success. Pins used. *Case* 4. A man, aged 40, under the care of Mr. Fergusson, in King's College Hospital, on account of fungous protrusion from the testis. The man was phthisical and in poor health. The disease had resulted from a kick received ten months ago. The operation consisted in dissecting up the edges of the ulcer and the scrotum, paring them and uniting them by sutures over the protruded mass. The sutures gave way and only partial union was obtained. The case is, however, doing fairly. *Case* 5. A girl, aged 17, under the care of Mr. Haynes Walton, in St. Mary's Hospital, on account of cleft palate. She was extremely nervous and wanting in self-control, and the operation was accordingly performed under the influence of chloroform. Excessive vomiting followed. The edges of the wound sloughed, and no union was obtained. *Case* 6. A young woman, aged 21, under the care of Mr. Haynes Walton, in St. Mary's Hospital, on account of a cleft palate. Chloroform was not used. The edges of the wound sloughed, and the operation was unsuccessful. *Case* 7. A woman, aged 64, under the care of Mr. Hutchinson, in the Metropolitan Free Hospital, on account of prolapsus of the uterus, with vaginal rectocele, and some degree of prolapse of the bladder. The uterus was constantly down between the thighs when in the erect position, and there was a large ulcer on its neck. The condition had existed, in spite of much treatment, for fourteen years, and was becoming more and more troublesome. There appeared to have been formerly a rent in the commissure of the perineum, but it had not involved any large extent of that structure. The woman had borne many children. The operation performed consisted in dissecting away the mucous membrane from the opposite sides of the vulva, and the commissure of the perineum, and then uniting the raw surfaces by the quilled suture. A large fatty tumour, from the side of the abdomen, was removed at the same time. The patient recovered well, and both wounds were healed in about a fortnight. The whole external aperture of the vulva is now closed by a thick cicatrix, excepting a length of about an inch and a half in front. Sufficient room is left for the exposure of the meatus urinarius, and the woman makes water without much difficulty. She has been up for the past three weeks, and has not suffered from any return of the prolapse.—*Med. Times and Gazette*, Sept. 29, 1855.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Quarantine and Yellow Fever at Natchez.—One of the most interesting and important circumstances connected with the history of yellow fever is its recent appearance at Natchez, Miss. Having suffered from this scourge in 1853 to an extent truly appalling, the community, instigated by one of their most able and accomplished physicians, determined on the establishment of quarantine during the summer of 1854, hoping thus to preserve the health of their city. All accounts would lead us to infer that this quarantine was as rigidly enforced as human efforts would admit of. Natchez escaped an epidemic, and the existence of even a single case during the season was never officially announced or admitted, so far as we are aware. We must not omit to say, however, that one or more of the most intelligent of the Faculty declared the existence of one or more palpable cases, and, if we mistake not, there was considerable excitement, and, perhaps, asperity of feeling exhibited by our brethren there through the medium of the newspapers. The absence of anything approaching an epidemic, however, satisfied the community, and they were convinced that they had found in quarantine a guardian angel for all future time.

As soon as yellow fever was announced in New Orleans this summer, the City Council of Natchez determined on the re-establishment of quarantine, and all accounts tend to show that the same was, if possible, more rigidly enforced than it was in 1854. What has been the unhappy result? The following extract from a Natchez paper will show:—

"BOARD OF HEALTH.—*City Hall*, Sept. 8, 1855.—At a called meeting of the Board of Health, held this day, at 3 o'clock P. M.—present, R. W. Wood, Esq., Mayor; Dr. L. P. Blackburn, Health Officer; Messrs. Barnes and Doniphan—the following report of Dr. Blackburn, was submitted, which, on motion of Mr. Doniphan, was adopted:—

"'*To the Board of Health of the City of Natchez:*—Gentlemen: It becomes my painful duty to announce to you the existence of yellow fever in our city.

"'Yours respectfully,
"'L. P. BLACKBURN,
"'*Health Officer.*'

"The following preamble and resolutions of Mr. Doniphan were, on motion of Dr. Blackburn, unanimously adopted:—

"'The City Council, with commendable diligence, as soon as yellow fever was announced in New Orleans, established, and have continued to enforce rigidly, the quarantine laws against all boats and their passengers from infected ports, and have, also, had an armed guard on the roads leading to the city, as well as a secret police to detect infractions of the law, and have done everything in their power to keep Natchez free from exotic yellow fever; notwithstanding all which, it is in our midst, and threatening to become epidemic:

"'*Therefore resolved*, That the yellow fever now existing among us is a visitation of an All-wise Providence, against which the most judicious human efforts have been unavailing; and while we deplore the fact, we feel it our duty to make it known to our citizens, that they may take such measures to avoid the infected atmosphere as they may deem advisable.

"'*Resolved*, That the proceedings of this Board be published in handbill form and posted on the streets, and also inserted in the papers on Tuesday.

"'On motion, the Board then adjourned.
"'WM. H. STEWART,
"'*Secretary of Board of Health.*'"

We must say that we most heartily sympathize with the community of Natchez, both in their distress and their disappointment, and we sincerely trust that their sufferings this season may be very limited. It is a matter of sincere regret that we have to cite their city as an instance of the failure of rigid quarantine to prevent the ravages of yellow fever. The non-existence of yellow fever in Natchez last year (taking only official announcement), was negative evidence in favour of quarantine; the existence of yellow fever this year, is affirmative evidence against it. Is it to be tried again?—*New Orleans Medical News and Hospital Gazette*, October 1, 1855.

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Transactions of the American Medical Association.—We ought, in our last number, to have announced the publication of the eighth volume of this work. It is a highly interesting and handsomely got up volume, of 763 pages.

We will take this opportunity to call attention to a few typographical errors, for which, however, the Committee of Publication are not responsible, the proof-sheets having been read by the author of these papers.

In Dr. Hamilton's interesting paper, on page 436, 19th line from the top, for the word "able," *read* "unable."

In Dr. Trask's prize essay, on page 640, 10th line from bottom, *for* "60 per cent." *read* "21 per cent."

Page 664, line 8th and 9th from top, *for* "1 moderate in 9.5 severe, &c.," and "1 moderate in 6.5 severe, &c.," *read* "1 moderate in a little less than 11 of the whole," and "1 moderate in 5½ of the whole."

Page 675, line 9th from bottom, *for* "37," *read* "35."

Page 675, line 8th from bottom, *for* "23 per cent." *read* "21 per cent."

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Medical Society of the State of Pennsylvania.—We invite the attention of the profession throughout the State to the following circular directed to be issued at the last meeting of the State Society:—

PHILADELPHIA, *November*, 1855.

DEAR DOCTOR—At the last meeting of the Pennsylvania State Medical Society the following resolution was adopted:—

"*Resolved*, That the Corresponding Secretary be, and he is hereby instructed to address a circular to the prominent physicians in those portions of the State in which no County Medical Societies exist, urging upon them the importance of organizing such societies without delay."

In this age, the influence of associated action is invoked by every class of the community which has interests to protect, or objects to accomplish; it cannot, therefore, be regarded as singular, that physicians should seek its aid to protect the interests of their profession, which, in this State, the law leaves entirely unguarded.

We do not ask your assistance to obtain legislative protection, but we earnestly urge you to assist us in protecting ourselves; organize a County Medical Society without delay, enroll the names of the educated, moral, and regular physicians, and exclude from the brotherhood the ignorant, the irregular, and the unprincipled; then will your brethren at a distance know to whom to apply for advice and assistance, and will co-operate with you in all measures calculated to extend the usefulness of our high calling, and to elevate, dignify, and adorn it. Bring to your County Society the results of your observations and experience in medicine and its kindred sciences; collate them and send them to the State Society for common improvement, and receive in return the observations and experience of physicians in other parts of the State; thus will we all be benefited, and much valuable informatiou be preserved and circulated.

The scandal of our profession is, and always has been, that physicians not only differ in their treatment of disease, but that they do not live together in social harmony. The formation of a County Society leads to more frequent professional and social intercourse, and thus elevates the character of the profession by discouraging the spirit of ungenerous rivalry, reconciling enemies, and healing those differences which arise from misrepresentation or fancied injury.

Our annual reunions are, moreover, seasons of pleasure as well as profit, for in them, warm-hearted, accomplished, and distinguished physicians, from all parts of the State, meet in social as well as scientific fellowship.

The next meeting of the State Society will be held in Philadelphia, on the last Wednesday in May next, when we will be happy to receive you as a delegate or individual member from your county, and will endeavour to make your sojourn in the medical metropolis of the country as pleasant as possible.

Yours, very, respectfully,
THOS. H. YARDLEY,
Cor. Sec. of State Medical Society.

NOTE.—The objects of the Pennsylvania State Medical Society, as declared by the Constitution, are "the elevation of professional character; the protection of the interests of its members; the extension of the bounds of medical science; and the promotion of all measures adapted to the relief of suffering, and to improve the health and protect the lives of the community."

The members consist of ASSOCIATES and DELEGATES; every member of a properly organized County Society is an associate; the delegates are elected by the County Societies in the proportion of one to every five of its members; but every County Society, however small, is entitled to one delegate.

The delegates meet annually, to transact the business of the Society. The first meeting was held in the City of Reading, in 1849, at which only ten County Societies were represented; now twenty-five counties have formed Societies, and we hope at the next meeting to have delegates from every county in the State.

A volume of the *Transactions* is published annually, containing the names of the officers and members of the County Societies, their reports, and much other valuable information. A few volumes of these *Transactions* remain on hand, and will be forwarded to the address of any physician who is willing to take the first step for the formation of a County Society; or any other information on the subject will be given on application to

THOS. H. YARDLEY,
No. 381 *Arch Street, Philadelphia.*

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Notice of the Committee on Prize Essays for 1856, *of the American Medical Association.*—At a meeting of the American Medical Association, held in Philadelphia, May, 1855, the undersigned were appointed a Committee to receive voluntary communications on medical subjects, and award prizes in accordance with the regulations of that body.

Each communication intended to compete for a prize, must be accompanied by a sealed packet containing the name of the author, and marked exteriorly by a sentence or motto corresponding with one upon the essay; which packet will not be opened unless the essay belonging to it has a prize awarded.

All such communications must be addressed to the Chairman of the Committee, at Ann Arbor, Michigan, before March 20, 1856.

A. B. Palmer, M. D., *Chairman.*
A. R. Terry, M. D.,
S. H. Douglass, M. D.,
S. Denton, M. D.,
A. Sager, M. D.,
C. L. Ford, M. D.,
E. Andrews, M. D.

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Virginia Medical Journal.—On the 1st of January next "*The Stethoscope*" will be united with "*The Virginia Medical and Surgical Journal*," and will appear under the name of the *Virginia Medical Journal.* This journal will be under the editorial management of Dr. McCaw, of Richmond, and Dr. Peebles, of Petersburg, with the aid of Dr. Otis as corresponding editor.

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Obituary Record.—It is with profound regret that we record the death of Theodoric Romeyn Beck, which occurred at Albany, on the 19th of November last, in the 65th year of his age.

"Dr. Beck was born in Schenectady, August 11, 1791; in 1807 he graduated at Union College, and soon afterwards commenced his medical studies with Drs. McClelland and Law, at Albany, and subsequently entered the office of the late Dr. David Hosack, of this city. In 1811, he graduated at the College of Physicians and Surgeons, the subject of his Thesis being Insanity. In 1815, he was appointed Professor of the Institutes of Medicine, and Lecturer on Medical Jurisprudence in the College of Physicians and Surgeons in Western New York. In 1817, owing to ill health, he retired from the general practice of medicine. Dr. B. was Secretary of the Board of Regents of the University of the State of New York, and one of the managers of the State Lunatic Asylum, at the time of his death, and for some time the editor of the *American Journal of Insanity.* He was also a regular and valuable contributor to the pages of the *American Journal of Sciences.* In 1823, he published the first edition of his work on Medical Jurisprudence; the eighth edition of which, much enlarged, was not long since issued from the press. Thus has passed from our midst the last of this talented family."—*New York Medical Times*, Dec. 1855.

FOREIGN INTELLIGENCE.

Registration of Marriages, Births, and Deaths.—[We invite attention to the following editorial remarks in the *Medical Times and Gazette* (Dec. 8, 1855), relative to the Registrar-General's Returns of Births, Marriages. and Deaths in Great Britain. It is to be lamented, that in this country so much apathy exists as to this important means of ascertaining the influences which tend to shorten life in certain localities, and the measures by which they may be removed. In but few of the States do there exist laws for this object, and we feel mortified to say that the legislature of the State of Pennsylvania, at its last session, took the disgraceful backward step of repealing the registration law enacted a few years before.]

"The scientific value of these quarterly returns is constantly augmented by the introduction of every element which is supposed to influence the public health. Apart from the results with which the various tables are accompanied, we anticipate from the use of these materials, by various members of the profession, a very great contribution to hygienic science. They furnish the raw material which will go to build up true and important theories; they serve to demolish fanciful and incorrect hypotheses; and, at the same time, attract the attention of medical men to questions vitally important to themselves and the whole community.

"As we have before shown, the health of the country during the last three months shows a striking improvement on the returns of the corresponding period of last year. Our labouring classes have, through the operations of the poor-laws, notwithstanding the imperfect manner in which they are administered, been shielded from much of the suffering which has been experienced by the labouring classes in other countries; and we trust that the new vestrymen, who have just been elected under the Metropolis Local Management Act, will watch with scrupulous care over the interests confided to them during the inclemency of winter.

"In the valuable notes of the district registrars, evidence is furnished from all parts of England on the relation between a satisfactory state of public health and proper attention to the various influences by which it is affected, and which are subject to our own control; and the clergy of every church would greatly assist the sanitary movement, if they would make it a prominent part of their mission to demonstrate to the people, that they are opposing the Divine laws, natural and positive, by the neglect of personal and domestic cleanliness, and that they are conforming to the Divine mind by removing the causes of unnecessary disease and premature death from themselves and those who surround them. The important notices to which we refer, furnish further evidence (if such were wanting) of the criminal waste of infantile life in the country districts, from the neglect of adequate medical assistance. The following statement calls for the most serious consideration. Thus, in *Wrexham*, the births were 139; deaths, 72. The deaths were about the average, and included 4 cases of hooping-cough without medical attendance. Out of 37 children who had died of the age of 1 hour to 4 years, only 15 had medical attendance. One reason assigned for this is, 'the fear of the medical charges; another reason is, that many women, such as mechanics' and labourer's wives, prefer the old nurse-women to a medical practitioner.'

"Facts of this kind are a disgrace to our country, reflecting as they do most seriously on the parochial authorities in whose jurisdiction they are permitted to occur, and pointing to facts of a most alarming character, demanding a searching investigation, which we hope the Registrar-General will find some means of effecting; while the subject deeply concerns the profession whose aid is rejected in favour of 'old nurse-women.'"

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Diuretics in Renal Dropsy.—The question as to whether diuretics should be employed in the treatment of those cases of dropsy which from the condition of the urine are known to depend upon diseased kidney, is one of great practical importance. Our readers may be glad to know the opinion of so excellent a physician as Dr. Burrows, respecting it. A few days ago, Dr. Burrows, at the bedside of a patient who was recovering from a very severe renal dropsy, made the following remarks:—"I wish, gentlemen, that you should notice the treatment which has been here pursued. I well recollect that long ago it used to be Dr. Latham's observation that this form of dropsy was often very efficiently treated by the tartrate of potash. That salt was indeed his favourite remedy. Then came the addition to our pathological knowledge, and the announcement of the fact that the disease was essentially one of renal disorganization. From this it was thought to follow clearly that whatever stimulated or irritated the kidney must do harm. Diuretics consequently fell into almost universal disuse. Latterly, however, some of us are again coming back to the old practice; we find that no other remedies effect so much for the relief of the patient as diuretics, and we therefore prescribe the latter. The matter is one of experience, and my own is to the effect that the kidneys, though in a state of chronic disease, obey diuretics well, and that no inconveniences are produced." The prescription which the patient in this case had been taking was as follows: ℞ Potassæ tartrat. ʒss., spirit æther. nitr. ʒss., aquæ piment. ℥j. Ft. haust. ter die. The case was, of course, one of chronic dropsy, and the diagnosis as to its renal cause had depended upon the absence of cardiac disease, and the presence of a large quantity of albumen in the urine.—*Med. Times and Gaz.*, July 7, 1855.

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External Use of Cod-Liver Oil in Skin Diseases.—Prof. **Malmsten** has just published in the *Allgemein Med. centr. Zeitung*, Nov. and Dec. 1854, a paper on the various uses of the fish oils, and more especially on their external employment against intractable skin diseases. The practice of the Swedish Physician appears to have been most successful; and amongst the cases narrated as having been cured are examples of chronic and impetiginoid eczema, impetigo, psoriasis, chronic pityriasis, and prurigo formicans. The plan adopted differs somewhat from what we have seen followed in this country. Instead of using the oil merely as an ordinary liniment, the affected parts are directed to be kept constantly soaked with it. If the whole skin be effected, the patient is made to lie in bed; all his body and bed linen being saturated with the oil. This system is continued until the skin is restored to health, the patient being allowed an alkaline bath once a week, but no other washing or change of clothes being permitted. To most people the disagreeable nature of such a measure will constitute an almost insuperable objection to its use. We must remember, however, that Professor Malmsten assures us that he has cured, by its help, cases of the most obdurate and distressing kind. The treatment does not appear to have required, as a rule, more than about two weeks; and is said to have shown a wonderful influence in restoring flaccidity, clearness, and healthy colour to the diseased integument. The majority of cases of prurigo formicans baffle, we suspect, the skill of all our English Dermatologists; and in these the patients would generally be found willing to accept a cure by any possible method, without regard to its disagreeableness. Although this author incurs a little suspicion from the rather indiscriminate recommendation of his remedy, yet, on the whole, we think, he well supports his assertions. Speaking generally of his facts, they appear to us to bear out the conclusions which we expressed in the former report on this subject, and which we will again quote: "The class of cases for which the oil seems most applicable is that of chronic eczematous eruptions, unattended by acute inflammation or general pyrexia. In abating the troublesome itching, which frequently accompanies this disease, especially in old people, it has manifested powers superior to those of any other application with which we are acquainted."—*Med. Times and Gaz.*, July 7, 1855.

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Local Use of Iodine.—Dr. Mikschik states, that he has derived great advantage from the tincture of iodine, as an emmenagogue, applying it externally to the os uteri. Cases which had long resisted all other means, have yielded to the application after the third day. He has not found the advantages that Boinet says attends its use in vaginal catarrh, and from the temporary irritation it produces, it should be avoided in pregnancy, and when the uterus is inflamed. As a means of dispersing organic exudations he much prefers lotions (iod. potass. ʒj, iodin. gr. x, aquæ ℔j) to ointments. They should be applied on compresses which are to be covered by a cataplasm.—*Wien Wochenschrift*, 1855.

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Sweet Whey in Pertussis.—Dr. Lowenthal states, as the result of numerous trials, that this substance given several times a day in doses beginning with half a spoonful, cures the disease more rapidly and more pleasantly than any other means.

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Sanitary State of Scotland during October, 1855.—From the Registrar-General's returns it appears that during October, in the three principal towns in Scotland, the births have been at the rate of 1 for every 27; the deaths, 1 for every 23; and the marriages, 1 for every 126 persons. The deaths were 1625; of which 810, or 49 per cent., were under 5 years of age. The deaths from zymotic diseases constituted 28 per cent. of the total mortality. In Dundee, 12 per cent. of the total deaths were from smallpox. Scarlet fever has been very fatal in Edinburgh and Aberdeen. In each of these towns, 14 per cent. of the total mortality has been caused by scarlet fever. The epidemic, which during the present month has increased over a larger area of the town, is said by those in active practice to be one of the most severe and typhus-like in its character with which we have been afflicted for years. There is no epidemic puerperal fever either in Edinburgh or Aberdeen; but in Glasgow, where there is no scarlet fever, there have been four deaths from that disease. Croup has been unusually prevalent. In Glasgow, 17 died of it; in Dundee, 6; in Edinburgh, 4.

The following is the proportion of deaths in the different towns, in which no medical man would appear to have been consulted during the last illness:—

Leith	4	per cent.
Edinburgh & Perth	12	"
Aberdeen	14	"
Glasgow	19	"
Dundee	22	"
Paisley	37	"
Greenock	39	"

From this table are excluded all the cases of sudden death, as well as all those where the Registrars have noted that the party received casual relief at dispensaries, druggists' shops, or otherwise.

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Saccharine Ephidrosis.—M. Mariano Semmola, a distinguished young physician of Naples, has communicated to the Academy of Sciences (Sept. 10th), an extremely interesting case of saccharine sweat, or cutaneous diabetes, and what is very curious, the lungs of this patient, instead of giving off less carbonic acid than in the normal condition, exhaled more, the respiration thus contributing, as far as it was able, to neutralize the injurious effects of the hyperglucosis.—*Moniteur des Hopitaux*, Oct. 3, and Nov. 9, 1855.

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Chloroform in Pneumonia.—A Hungarian physician, Dr. **Stohandl**, reports three cases of pneumonia in which much benefit was derived from the inhalation of small quantities of chloroform (30 to 40 drops), repeated several times a day. After each inhalation the symptoms were relieved; after four or six hours they again became aggravated, but were again relieved by a repetition of the inhalation. In from five to eight days a cure was effected.—*Revue de Therap. Med. Chirurg.*, Oct. 1, 1855, from *Ungar. Zeitschrift.*

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Luxation of the Knee.—M. **Royer** communicated to the Imperial Academy of Medicine, 18th Sept., 1855, a case of complete luxation of the knee forward, the tibia mounting many centimetres before and above the articulating surface of the femur, without tearing of the external parts. This luxation was easily reduced by forced flexion of the leg on the thigh, and a prompt cure was effected. In a month the patient could walk, and in six weeks the cure was completed.—*Revue de Therap. Med. Chirurg.*, Oct. 15, 1855.

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Anæsthetics in the Austrian Army—A circular has just been issued, ordering that in future the army medical officers shall always employ, for the purpose of inducing anæsthesia, a mixture consisting of one part chloroform and nine parts ether, this being the proportion long employed by Dr. Weiger, a Vienna dentist.—*Med. Times and Gaz.*, Nov. 17, 1855.

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The Cholera in Germany and Italy.—The *Wiener Wochenschrift* reports that the cholera is almost everywhere on the decline. It furnishes some figures, also, which show that it has prevailed in some places with very great severity. To the end of September there had occurred in Trieste and its vicinity 4,000 cases, more than 1,600 of which were fatal. During the 130 days that the disease prevailed in that port, 968 cases (540 male and 428 female) were received into the Bürgerspital. Of this number 510 (268 males and 242 females) died. To the 27th, there had occurred in 290 localities of the circle of Görz (in Illyria), 13 354 cases, of which 8,483 recovered, and 4,697 died. In 297 places in Istria 17,994 cases occurred with 6,192 deaths. Thirty places in Carinthia, having a population of above 8,000 souls, furnished 611 cases, with 377 recoveries. In the circle of Trent, to the 4th of October, 14,284 cases with 6,128 deaths had occurred. In Silesia, from 1 July to 22 September, amidst a population of 158,522 souls, 3,915 cases, with 1,591 deaths, occurred. In Oldenburgh, in 667 places, with a population of 732,323, there occurred 43,020 cases, giving rise to 17,291 deaths. In the government districts of Cracow the disease is still raging, the number of cases in 795 localities, with a population of 765,951, amounting to 33,741, with 13,487 deaths. In Cracow itself the cases were 3,376 in number, 1,185 of these fatal. In Berlin 1,761 cases, with 1,077 deaths, have taken place. In the Duchy of Parma 11,943 cases had occurred to the 5th of October, with 6,157 deaths.—*Med. Times and Gaz.*, Nov. 17, 1855.

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Statistics of Cholera in Italy in 1854.—Dr. **Castiglioni** has recently published the following figures respecting the cholera in Italy. He states that, with very few exceptions, the Italian practitioners are strong contagionists, and believe in the power of quarantine and isolation in preventing the invasion and spread of the disease. He instances Milan as a notorious instance, in which the prompt adoption of measures of this kind has checked three invasions of cholera in the bud.—(See *Annali Omodei*, vol. 153.):—

Locality.	Cases.	Recovered.	Died.	Per Cent. of Mortality.	Proportion of Cases to Population.
Entire Lombardy,	3116	989	2127	68.26	1 to 908
Genoa,	5318	2382	2936	55.20	1 to 23
Turin,	2477	1076	1401	56.56	1 to 58
Entire Piedmont,	45000	21000	24000	53.33	1 to 204
Tuscany,	6512	2946	3566	54.76	1 to 276
City of Rome,	1668	583	1085	65.04	1 to 107
City of Naples,	12642	5206	7436	58.81	1 to 33
City of Catania.	3921	2218	1703	43.43	1 to 15

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Sickness and Mortality in France.—From a table constructed from observations made in the hospitals of Paris for the year 1850, and republished in the *Assurance Magazine* for April, 1855, it appears that masons, amongst males, present by far the highest figure as sufferers; next come the tailors, then house-painters, then bakers, then turners, then smelters; amongst these the *days of sickness* are longest in the masons, next in the tailors, then in the painters, next in the bakers, next in the turners, and lastly in the tanners. Of all these, the *mortality* is highest in the tailors; the masons follow, and the other occupations in the order we have already given. Out of 6,715 women attacked with sickness during the above period, not fewer than 4,268, or nearly two-thirds, were confectioners. In an admirable work on the benevolent institutions of France, M. de Watteville, in 1851, stated the ratio of deaths in the hospitals of Paris to be 1 in 11, both for males and females. This was for the year 1847, which, from the dearness of provisions and the consequent misery of the poorer classes, must be considered exceptional. He estimates also the average duration of sick cases in the hospital as twenty-four days for males and twenty-five for females. The average mortality amongst female cases seems to be greater than amongst males, the former being 1 death for 11.94 patients, and the latter 1 in 13.92; but this may arise from females not having recourse to the aid of the hospital until the last extremity.

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British Association for the Advancement of Medical Science.—This association has had several very interesting meetings at Glasgow during the week, attended by Baron Liebig, Dr. Daubeny, Dr. Playfair, Sir David Brewster, Dr. Carpenter, Dr. Stenhouse, Professor Owen, &c. &c. Amongst the few subjects in relation to medicine, we may mention that Dr. Daubeny, of Oxford, exhibited a set of small grain weights, for weighing medicines, made of the new metal "aluminium," for which it seems peculiarly adapted, by its very superior brilliance as a metal, and its great lightness: so that ⅛th of a grain of strychnine, for instance, may be weighed with a weight as large as the present ½ grain weight of the surgery drawer. The aluminium weight also does not contract rust or verdigris. A new compound of chlorine, analogous to the allotropic condition of oxygen in ozone, was exhibited by Dr. Andrews, of Belfast, and may hereafter be found to play an important part in the theory of disinfection and deodorization by chlorine. Baron Liebig read a paper on a new compound of fulminic acid, the salts of which are of adamantine brilliancy. Chevalier Clausen exhibited artificial gutta-percha, likely to be very useful in forming splints and other appliances, for surgeons. Various interesting papers were also communicated, on the physiological changes in marine vivaria, &c.—*Lancet*, Sept. 22, 1855.

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The Late Mr. Newport.—A plain but handsome monument, of Aberdeen granite, has recently been placed in the Cemetery of Kensal-green, to the memory of the late GEORGE NEWPORT, the eminent naturalist and physiologist. The following simple inscription on the stone implies strongly, if it does not formally express, the merits of the deceased. The fact of having a public monument raised to him by those who knew him best, his friends and fellow-workers, is a eulogy of a kind which can never be questioned, while his own scientific writings constitute his best and most enduring epitaph: "Sacred to the memory of George Newport, F. R. S., F. L. S., F. R. C. S., etc. etc. etc. He was born in Canterbury on the fourth day of July, 1803, and died in London on the seventh day of April, 1854. This monument was erected by Fellows of the Royal and Linnæan Societies to commemorate their regret for the loss of a much esteemed colleague, and to testify their sense of the great services rendered by him to science."—*Med. Times and Gaz.*, Dec. 1, 1855.

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Scarlatina.—This disease has, for the past two months, been prevalent in London, and still continues unabated.

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OBITUARY RECORD.—Died, at Brighton, November 19, 1855, aged seventy-four, THOMAS COPELAND, Esq., author of the well-known work "On some of the Principal Diseases of the Rectum."

—— at Brussels, M. BERGER, Dean of the Accoucheurs of that city, who is said to have delivered at least 20,000 women.

—— at Paris, M. LOUIS GONDRET, aged 79, known by his advocacy of the use of ammoniacal preparations in amaurosis, &c.

—— at Vienna, after a short illness, in the 64th year of his age, Dr. A. DE ROSAS, Professor of Ophthalmology and Director of the Ophthalmic Clinic of the University. He spent thirty-six years in teaching his speciality.

THE MEDICAL NEWS AND LIBRARY.

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BROWN ON SURGICAL DISEASES OF WOMEN, SIXTEEN PAGES.

CLINICS.

Statistics of the Principal Operations performed in the London Hospitals during the month of September, 1855.

Lithotomy.—Number of cases, 9; recovered, 7; under treatment, 1; died, 1.

Case 1. A delicate boy, aged 3, under the care of Mr. Cock, in Guy's Hospital, having had symptoms of stone for about three months. A soft calculus, about the size of a nutmeg, and which broke down in removal, was extracted. Recovered quickly. *Case* 2. A man, aged 25, under the care of Mr. Statham, in University College Hospital. He was in good health, but had suffered from stone for six or seven years. A lithic acid stone, the size of a pigeon's egg, and coated with phosphates, was removed. Doing well. *Case* 3. A healthy boy, aged 8, under the care of Mr. Birkett, in Guy's Hospital. A large and very rough oxalate of lime calculus was removed. Recovered well. *Case* 4. A boy, aged 3, in fair health, under the care of Mr. Spencer Smith, in St. Mary's Hospital. His symptoms had been severe only for three weeks, but had existed slightly for a year previously. A lithic acid stone, the size of a chestnut, was removed. Recovered. *Case* 5. A boy, aged 5, was admitted into St. Bartholomew's Hospital, with all the symptoms of stone in the bladder. On introducing the sound, a hard substance was detected in the membranous urethra, beyond which, however, by a little manipulation, the instrument might be passed. The day after admission, retention of urine occurred for the first time, and was easily relieved by the catheter. On the following day, however, it again occurred, and Mr. Paget now determined to cut down on what was believed to be the impacted stone. The usual incision having been made, a calculus the size of a small horse-bean was removed from the urethra, just anterior to the bladder. The lad recovered well. *Case* 6. A man, aged 52, under the care of Mr. Hawkins, in St. George's Hospital, on account of stone in the bladder, previous to the symptoms of which he had

Published monthly by BLANCHARD & LEA, Philadelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage to the subscriber.*

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suffered from stricture. The usual operation was performed, and three stones removed, all of them incrustations of phosphates around some harder nucleus. A large portion of broken bougie, covered with phosphatic deposit, was also taken away. The man recovered well. *Case* 7. A healthy boy, aged 5, under the care of Mr. Tatum, in St. George's Hospital. A small lithic acid stone, incrusted with phosphates, was removed. Recovered. *Case* 8. A healthy boy, aged 4, under the care of Mr. Pollock, in St. George's Hospital. A small stone, consisting of lithates, was removed. Recovered. *Case* 9. A man, aged 37, under the care of Mr. Hawkins, in St. George's Hospital. He was much out of health, and the subject of diabetes insipidus. A large, friable, phosphatic concretion was removed, piecemeal, and a mulberry-stone of considerable size, which had probably formed the nucleus. The man sank after the operation, and the autopsy showed extensive disease of the kidneys.

Trephining of the Skull.—The case left under treatment by last month's report, has ended in recovery.

Case 1. A man, aged 32, of intemperate habits, under the care of Mr. Cutler, in St. George's Hospital. Three weeks before the operation, he had suffered a scalp wound, which had been neglected, and now resulted in abscess (Pott's puffy tumour). The diagnosis of pus between the dura mater and bone having been formed, the trephine was used. Matter was found occupying the position expected, and also infiltrated into the diploë of the bone. A second abscess having formed beneath the pericranium, on the same side of the head, at a different spot, the trephine was also applied there. This was three days after the first operation. No matter was found beneath the bone. Death occurred ten days after the first operation, and at the autopsy, a large collection of matter was found between the visceral arachnoid and brain. *Case* 2. An adult man, of unknown age, was admitted, under Mr. Prescott Hewett's care, into St. George's Hospital, with a severe compound and comminuted fracture of the parietal bone. A large portion of loose bone was removed by the elevator, and in it was seen the groove of the middle meningeal artery, which had been lacerated. The man died. *Case* 3. A man, aged 28, admitted into St. Bartholomew's Hospital, under the care of Mr. Stanley, having fallen on his head, from a height of twenty feet. At first, the symptoms were those of concussion only, but, soon afterwards, they passed into those of compression. The head having been shaved, no irregularity of the bone could be detected; but there was a large, puffy swelling over the anterior inferior angle of the right parietal bone. Mr. Stanley cut down over this part, and trephined. The outer surface of the dura mater, when exposed, bulged into the wound, and became very tense, and a puncture, with a narrow scalpel, was accordingly made. A large quantity of dark fluid blood flowed from this opening, but its escape in no degree benefited the man's condition. He sank and died about six hours after the operation.

Ligature of Arteries.—*Case* 1. A man, aged 26, under care in the London Hospital, had had his right thigh amputated on account of compound fracture. He was doing well in every respect, when suddenly, six weeks after the operation, most profuse arterial hemorrhage from the stump took place. Mr. Ward was called to him, and finding him in extreme collapse, pulseless, and cold, determined to at once put a ligature on the femoral, high up. He preferred this operation to attempting to tie the vessel in the stump, from the belief that the latter procedure would involve some loss of blood, which it was evident the man could not bear. On the operating table another bleeding occurred, the blood flowing from an unhealed sinus in the inner part of the stump. The ligature was placed on the common femoral just below Poupart's ligament. The man rallied, and progressed without drawback afterwards. The ligature came away on the sixteenth day, and he may now be considered well. *Case* 2. A woman, aged 21, admitted into St. Bartholomew's, having divided her radial artery on a piece of glass. Mr. Jowers (House-Surgeon) placed a ligature on its proximal end, which alone bled. No further hemorrhage occurred, and the wound healed well. *Case* 3. A young woman was admitted into St. Bartholomew's, having thrust her hand through a pane of glass, and divided the ulnar artery and nerve and the flexor carpi ulnaris. Mr. Jowers enlarged the wound, and tied both ends of the vessel. Recovery, with some loss of sensation, followed.

Herniotomy.—Number of cases, 10; recovered, 6; under treatment, 2; died, 2.

Mr. Cock's patient, in *Case* 4 of last month's report, has since left the Hospital well. The artificial anus had closed.

Case 1. A man, aged 62, was admitted into St. Bartholomew's Hospital, under the care of Mr. Lloyd, on account of a large scrotal hernia on the right side. He was cold, and in such extreme collapse, that the propriety of attempting an operation was doubted. Strangulation had existed three days; there had been stercoraceous vomiting and extreme pain. Mr. Lloyd attempted the taxis, and succeeded in considerably diminishing the size of the tumour. The reduction not being satisfactory, however, an operation was performed, and the sac opened. In the sac was found a large coil of large intestine, containing indurated feces. The intestine being adherent, could be only very partially reduced; its contents were, however, squeezed out. The stricture did not require division, as it readily admitted two fingers. Brandy and beef tea were afterwards given. The man rallied, and recovered without a bad symptom. It is probable that the portion of bowel involved was not far from the rectum, as all attempts to administer enemata failed, and when the finger was passed up the bowel, it was felt to turn sharply away towards the right side. *Case* 2. A woman, aged 63, under the care of Mr. Gowland, in the London Hospital. Hernia femoral; strangulated four days; symptoms severe. The sac was not opened. Opium treatment for four days, then a dose of castor oil. Recovery. *Case* 3. A man, aged 20, under the care of Mr. Hillman, in the Westminster Hospital. Hernia inguinal; strangulated eight hours: sac opened. Recovered without a bad symptom. This man had been operated on a year ago, on the same side, and had remained without protrusion until the present occasion, although not wearing a truss. *Case* 4. A woman, aged 44, under the care of Mr. Ward, in the London Hospital. Hernia oblique, inguinal; strangulated fifty-seven hours; sac opened. The sac contained adherent omentum, and a knuckle of highly congested small intestine. The neck of the sac having been divided, and the adhesions separated, reduction of the whole was effected. Opium treatment was pursued, and the patient recovered without a drawback. The wound was quite healed on the tenth day. *Case* 5. A woman, aged 35, under the care of Mr. Gowland, in the London Hospital, on account of a femoral hernia, which had come down after an attack of diarrhœa. Strangulation had existed twelve hours. The sac was not opened. Opium treatment. Recovery without a bad symptom. *Case* 6. A woman, aged 45, under the care of Mr. Pollock, in St. George's Hospital. Hernia femoral, of small size. Strangulation had existed 24 hours. The sac was opened, and found to contain only omentum. The wound has since been affected by phagedæna, but the patient is now doing well. *Case* 7. A woman, aged 35, under the care of Mr. Hawkins, in St. George's Hospital. Hernia femoral, small, strangulated three days. The sac was opened, and found to contain inflamed small intestine. Phagedæna has since affected the wound, but is now subsided, and the patient is doing well. *Case* 8. A woman, aged 55, under the care of Mr. Stanley, in St. Bartholomew's Hospital, having suffered for six days from pain in the abdomen, constipation, and sickness. There was a small, rather hard tumour in the usual situation of femoral hernia, on the right side. The taxis having failed, Mr. Stanley at once had recourse to the operation. The saphenous opening having been exposed, Mr. Stanley observed that it was in quite a natural condition, and that the tumour was lower down and further outwards than usual. The cribriform fascia having been next dissected away, and the falciform border of the fascia lata exposed, it became evident that the tumour, whether hernial or not, had no connection with the femoral ring. Further dissection proved it to be a hernia which had descended in the femoral sheath in front of the vessels, and had forced its way through a small opening, anteriorly. The sac was opened, and a small knuckle of intestine which it contained was returned. The stricture was not very tight. The woman recovered without a bad symptom. *Case* 9. A man, aged 71, under the care of Mr. Luke, in the London Hospital. Hernia scrotal, of large size, strangulated fourteen hours. The taxis had been greatly abused prior to admission, and emetics had been given. The tumour was very tense. The stricture could easily be felt, as a band crossing the sac, but this having been divided, reduction still could not be effected. The sac was now opened, and found to contain small intestine, extremely thickened and congested. Although the finger might be easily passed up by its side, yet reduction could not be effected, and a freer division with the bistoury was requisite. On the following morning, hemorrhage from a small artery on the inner part of the external ring, filled the sac, and distended the integuments around. The coagula were turned out, and the vessel secured. On the next day he was comfortable, and without pain or sickness. Sulphate of magnesia in drachm doses, every three hours, was ordered. On the following day the vomiting had returned, and there were symptoms of approaching collapse. In spite of the free use of brandy, etc., he sank and died on the evening of the third day. *Case* 10. A man, aged 50, under the care of Mr. Adams and Mr. Gowland, in the London Hospital, suffering from femoral hernia, which had been strangulated two days. On cutting down over the sac, it was found collapsed and apparently empty, and when opened, nothing was found but a creamy fluid, but without the least of feculent odour. A probe passed up through the ring easily. No attempt was made to divide the stricture, no bowel having been seen. Two days after, it was determined to divide the stricture more freely, and in doing this, a profuse escape of fluid contents of the small intestine took place. The man died on the fourth day, from peritonitis, resulting from the escape of feces into the abdominal cavity. The autopsy showed that the first portion of the jejunum, within eight inches of the duodenum, had been strangulated, ruptured, and subsequently incised. The conjecture was, that it had been ruptured into the sac by violent taxis, prior to the man's admission, and that the fluid found in the sac was its contents, the gut itself having collapsed.

Amputations.—Of the two cases, 1 and 3, left under care by last month's report, Case 1 has resulted in recovery, and the other is yet under treatment.

Number of cases, 15; recovered, 6; under treatment, 2; died, 7.

Double Amputation.—*Case* 1. A lad, aged 16, previously in good health, was admitted under the care of Mr. Walton, into St. Mary's Hospital, having sustained severe compound fractures of both thighs. He had been run over by a railway engine. The bone, muscles, and large vessels, were severed, and in many parts only the skin remained. He was in a state of collapse, but there was only a slight oozing of blood going on, and no active hemorrhage. Both thighs were immediately removed. The lad sank almost directly after. Artificial respiration and galvanism were resorted to, but without success. Very little blood had been lost during the operation.

Of the Thigh.—*Case* 2. A man, aged 26, under the care of Mr. Gowland, in the London Hospital, on account of compound comminuted fracture of the leg. Primary amputation. Secondary hemorrhage occurred in the sixth week, and ligature of the common femoral had to be performed. Recovered. *Case* 3. A lad, aged 19, under the care of Mr. M'Murdo, in St. Thomas's Hospital, on account of a congenital deformity of the leg, which rendered the limb useless. He was of strumous habit. The stump healed almost by the first intention. *Case* 4. A boy, aged 7, under the care of Mr. Athol Johnson, in the Hospital for Sick Children, on account of old-standing disease of the knee-joint, with great destruction of integument. The operation performed, consisted in dividing the skin from without inwards, so as to form flaps, and then cutting through the muscles by the circular method. Recovery, without a bad symptom. *Case* 5. A lad, aged 17, under Mr. Paget's care, in St. Bartholomew's Hospital, on account of diseased knee-joint, of sixteen months' standing. He was in a hectic and much exhausted condition, but there were no positive indications of visceral disease. Since the amputation, he has sunk into a very feeble state, and has all the symptoms of advancing phthisis. Under treatment. *Case* 6. A lad, aged 19, under the care of Mr. Birkett, in Guy's Hospital, on account of diseased knee-joint of fourteen months' standing. He was much reduced in health, and there was great thickening of the soft parts around the joint. After removal, the synovial membrane was found in a state of pulpy degeneration, and the joint contained pus. In the external condyle, was a portion of necrosed bone. The cartilages were not ulcerated. The man recovered well. *Case* 7. A man, of middle age and intemperate habits, was admitted into St. Thomas's Hospital, under the care of Mr. Le Gros Clarke, having sustained a severe compound fracture of the thigh, from the passage of a railway truck over the limb. For several hours he refused to submit to amputation, and when his consent was obtained, his condition was very unhopeful. He did not rally well afterwards, and death took place on the second day.

Of the Leg.—Case 8. A lad, aged 18, under the care of Mr. Holt, in the Westminster Hospital, on account of diseased tarsus and ankle, of seven months' standing. Flap amputation of the leg. Doing well. *Case* 9. A healthy boy, aged 15, under the care of Mr. Adams, in the London Hospital, on account of compound comminuted fracture of the leg. Primary amputation by double flaps. Recovery. *Case* 10. A man, aged 28, under Mr. Tatum's care, in St. George's Hospital, on account of compound dislocation of the ankle, with great laceration of the soft parts. Flap amputation through the leg. Death from pyæmia and secondary deposits. *Case* 11. A man, aged 48, under the care of Mr. Critchett, in the London Hospital, on account of compound fracture of the leg, with extensive laceration of the soft parts. He was in extreme collapse, and had lost much blood. The amputation had to be performed by a large posterior flap only. The man did not rally well, and death occurred on the second day. *Case* 12. An intemperate man, aged 42, under the care of Mr. M'Murdo, in St. Thomas's Hospital, on account of an injury to the leg, which had almost severed it at the knee joint. Primary amputation through the thigh. Slight secondary hemorrhage occurred. Death from pyæmia on the twenty-fourth day. *Case* 13. A boy, aged 14, under the care of Mr. South, in St. Thomas's Hospital, on account of very extensive strumous disease of the tarsus. Secondary hemorrhage occurred about a week after the operation, which was arrested, after considerable loss of blood, by the perchloride of iron. He sank, and died on the twentieth day. No *post-mortem* could be obtained, but it was probable that tubercular disease of the lungs existed. *Case* 14. A man, aged 36, under the care of Mr. Cutler, in St. George's Hospital, on account of elephantiasis of the foot and leg, which had existed for seventeen years. Circular amputation through the leg. Death from phlebitis of the femoral vein and pyæmia resulted.

Of the Upper Extremity.—Case 15. A man, aged 22, was admitted into the London Hospital, under the care of Mr. Critchett, on account of a gunshot wound of the upper part of the arm. The bone had been shattered, and the artery torn across. He was in extreme collapse from loss of blood, and almost died on the operating table. Amputation at the shoulder-joint was performed. No bleeding occurred, and he rallied well afterwards, and made an excellent recovery.

Excision of Bones and Joints.—Case 1. A lad, aged 20, under the care of Mr. Paget, in St. Bartholomew's Hospital, on account of strumous disease of the right elbow-joint. Excision of the whole articulation was performed, the ⊢ shaped incision being adopted. He has done uninterruptedly well since the operation. *Case* 2. A girl, aged 20, under Mr. Chance's care, in the Metropolitan Free Hospital, on account of an unreduced dislocation of the terminal phalanx of the thumb, of two years' standing. The phalanx was thrown backwards, and the deformity was such that the thumb was useless. A curved incision having been made over the front of the joint, it was laid open, and the head of the second phalanx having been sawn off, reduction was easily effected. The wound healed well. The thumb is now of good form, and can be used for all ordinary occupations. *Case* 3. A girl, aged 4, under the care of Mr. Statham, in the University College Hospital, on account of scrofulous disease of the knee-joint. The child's general health was tolerably good. Mr. Statham laid open the joint, sawed away the articular extremity of the femur, and gouged out the head of the tibia. Under treatment. *Case* 4. A boy, aged 4, under the care of Mr. Athol Johnson, in the Hospital for Sick Children, on account of diseased os calcis. A sinus existed, leading into the bone. This was enlarged, and a portion of necrosed bone, including the greater part of the calcaneum, was removed. Under treatment.

Removal of the Testis.—A labouring man, aged 28, apparently in good health, was admitted into Guy's Hospital, under the care of Mr. Cock, on account of great enlargement of the right testicle. He was of temperate habits, and knew of no injury to the part having occurred. The disease had existed four or five months, and for the past two weeks pain had been complained of. In some parts, the gland, which was the size of a small fist, was of almost stony hardness; a small quantity of fluid occupied the tunica vaginalis. The cord was not enlarged, and a most careful examination of the chest and abdomen failed to discover any evidences of internal disease. There was a slightly enlarged gland above the right clavicle. Excision of the gland was performed on September 4, and after its removal, it was found to be one mass of firm medullary cancer. The cord was quite sound. The man went on fairly afterwards, the wound healing; the gland over the clavicle, however, increasing rapidly in size. The wound being nearly closed, it was intended that he should be discharged, when suddenly rigors occurred, and he sank into a state of low fever. It now became evident a large growth was forming in the right lung; the gland also continued increasing. Death took place on October 16. At the autopsy, the cord was found healthy until its lymphatics joined the lumbar glands, which latter were enlarged and cancerous. Malignant deposit was found in the right lung, and a large mass above the right clavicle.

Removal of Malignant Tumours.—The case left under care by last month's report, has since resulted in recovery.

Case 1. A woman, aged 31, under the care of Mr. Cock, in Guy's Hospital, on account of a return of cancerous disease in the right antrum and adjacent parts. Three operations for its removal had been previously performed, and considerable portions of the upper maxilla removed. The last operation was in May of the present year. Mr. Cock dissected up the integument, and scooped out the diseased parts as freely as possible. The wound has healed, but even now the growth is reappearing. *Case* 2. A woman, aged 42, under the care of Mr. Shaw, in the Middlesex Hospital, on account of a tumour the size of a walnut in the mammary gland. The breast was excised, and the tumour was found to present all the characters of scirrhus. In another part of the gland was a small tumour the size of a pea, which, both to the naked eye and under the microscope, exactly resembled one of mammary glandular nature. The patient recovered. *Case* 3 A woman, aged 37, under the care of Mr. Shaw, in the Middlesex Hospital, on account of a scirrhous tumour, the size of an orange, in the breast. The whole gland was removed. Erysipelas came on four days after the operation, and death took place on the fourteenth. At the autopsy, a cancerous tumour the size of a pea, was found in the right lung. The heart presented, under the microscope, the appearance of fatty degeneration in an advanced stage. The latter fact is of interest, inasmuch as no untoward symptoms had attended the administration of chloroform during the operation. *Case* 4. A woman, aged 50, under the care of Mr. Birkett, in Guy's Hospital, on account of cancer of the breast of twelve months' duration. The whole gland was excised, and its clavicular lobes were found infiltrated with scirrhous deposit. The patient recovered well. *Case* 5. A woman, aged 58, under the care of Mr. Birkett, in Guy's Hospital, on account of a circumscribed mass of cancer in the breast, adhering to the skin, but not infiltrating the lobes of the gland. Excision. Recovery. *Case* 6. A woman, aged 40, under the care of Mr. Le Gros Clark, in St. Thomas's Hospital, on account of scirrhous disease of the breast, of a year's duration. Excision of the whole gland. Recovery. *Case* 7. A healthy-looking woman, aged 47, under the care of Mr. Lawrence, in St. Bartholomew's Hospital, with a large scirrhous tumour in the right mammary gland. The mass adhered to the skin and nipple, but was movable on the pectoral muscle. An axillary gland was enlarged. The disease had existed for seven years, but had latterly increased fast. The whole breast was excised, as also the gland from the axilla. The patient recovered without an unfavourable symptom. *Case* 8. A woman, aged 43, under Mr. Hilton's care, in Guy's Hospital, on account of cancer of the breast of six years' duration. She was much out of health. The whole gland was removed. Doing well. *Case* 9. A woman, aged 66, under the care of Mr. Marshall, in University College Hospital, on account of scirrhus of the mammary gland of three years' duration. The tumour was small. The whole breast was removed. Recovered.

Removal of Non-Malignant Tumours.—*Case* 1. A woman, aged 24, under Mr. Cock's care, in Guy's Hospital, on account of a recurrent fibroid tumour in the inner side of the right thigh. The growth had been removed twelve times before, being always reproduced beneath the cicatrix. The dissection on the present occasion nearly exposed the femoral vessels. Doing well. *Case* 2. A delicate woman, aged 26, under Mr. Lawrence's care, in St. Bartholomew's Hospital, on account of two tumours on the mammary gland. The larger one, the size of a walnut, was quite movable, but the smaller one was attached to the capsule of the gland. After removal, both were proved to be of glandular structure. The wound soon healed. *Case* 3. A woman, aged 30, in good health, under the care of Mr. Lawrence, in St. Bartholomew's Hospital, on account of a tumour, the size of a walnut, in the left breast. It had been growing for three years. A similar one had been removed from the same breast, by Mr. Lawrence, nine years ago. The tumour showed, after removal, a glandular structure. Recovered. *Case* 4. A healthy woman, aged 23, under Mr Wormald's care, in St. Bartholomew's Hospital, on account of a mammary glandular tumour, the size of a walnut, which had been gradually increasing for three years. Excision. Recovery. In this, and the two preceding cases, the patients were all married, but childless, and, in the first, there had been a troublesome dysmenorrhœa for some time. *Case* 5. A woman, aged 36, under Mr. Tatum's care, in St. George's Hospital, on account of a warty growth in the cleft of the nates, of large size, and against which escharotics had been ineffectually used. Excision. Recovery. *Case* 6. A girl. aged 20, under the care of Mr. Birkett, in Guy's Hospital, on account of an isolated fibro-cellular growth on the inner side of the right knee. It had existed six months. Excision. Recovery. *Case* 7. A man, aged 26, under care in St. Thomas's Hospital, on account of a warty growth, the size of a small orange, over the back. It was tied in a double ligature by Mr. Tyrrell (House-Surgeon), and sloughed away. The wound healed well.

Removal of the Eyeball.—A man, aged 42, under the care of Mr. Pollock, in St. George's Hospital, on account of melanosis of the eye. The globe was extirpated in the usual manner. The parts healed well.

Tracheotomy.—*Case* 1. A healthy boy, aged 5, was admitted into St. Bartholomew's Hospital, with the statement that he had swallowed a nut, and had since appeared to be choking. He was gasping for breath, and quite livid in the face. Mr. Morris, the House-Surgeon, at once introduced his finger into the pharynx, and, in so doing, felt it to displace some small substance just at the back of the tongue. The urgent symptoms immediately subsided, and the child regained his natural breathing. During that day, and the succeeding night, his respiration was in no way impeded, but, about nine o'clock on the next morning, while sitting at his breakfast, he was suddenly seized with violent dyspnœa. The House-Surgeon having been summoned, found him lying on his back, livid in the face, quite insensible, and almost pulseless. Nothing could be felt in the throat. Tracheotomy was at once performed, and immediate and complete relief to the breathing followed. Soon after the operation, it was observed that the chest did not expand on the left side during inspiration and, on auscultation, it was found that no air entered the lung. Percussion over the left side gave a resonant note. The tracheal tube was now removed, a ligature being placed in each lip of the wound to secure its patency. During the day, the child was kept in a warm atmosphere, and appeared tolerably comfortable. About fifteen hours after the operation, he was suddenly seized with a violent paroxysm of coughing, during which the foreign body was shot out through the opening in the trachea. It proved to be the stone of a damson plum. Shortly after its expulsion the breathing became much less laboured, and vesicular respiration was audible over the left lung. A slight attack of pneumonia afterwards supervened, but it subsided under treatment by antimonials, and the child made an excellent recovery. The wound healed by granulation. *Case* 2. A child, aged 4, was admitted, nearly moribund, into St. Mary's Hospital, with the statement that he had choked from swallowing a portion of a crab's claw. Mr. Watkins, the House-Surgeon, at once performed tracheotomy, and with much immediate relief. The foreign body was, however, not expelled, nor was it deemed wise to make any search for it. On the following day, Mr. Lane examined the trachea, but was not successful in finding the offending body. The child died of pneumonia on the fourth day. At the autopsy, the end of a crab's claw was found in the trachea, just above the wound. The mucous membrane of the trachea was congested and thickened, and there were evidences of extensive pleuro-pneumonia.

Plastic Operotions.—For Vesico-Vaginal Fistula.—A woman, aged 26, under the care of Mr Baker Brown, in St. Mary's Hospital, having been previously operated on unsuccessfully. On the present occasion, no urine had escaped up to the thirteenth day, and the case seemed to promise well.

For the Cleft Palate.—A lad, aged 18, under the care of Mr. Pollock, in St. George's Hospital, having been previously operated on for hare-lip, and partially for the cleft in the palate. The present operation consisted in closing the cleft in the posterior half of the hard palate. Union took place. The soft palate remains for a future operation.

For Hare Lip.—In one case, under the care of Mr. Quain, in University College Hospital, successful.

Operations for Nævus.—*Case* 1. A child, aged 1, under the care of Mr. Hutchinson, in the Metropolitan Free Hospital, having a nævus, the size of a penny, on the abdomen. It was limited to the skin. The whole was excised, the excision being carried through healthy integument. But little blood was lost, and the wound afterwards healed well. *Case* 2. A child, aged three months, under the care of Mr. Athol Johnson, in the Hospital for Sick Children, on account of a subcutaneous nævus, involving the whole region of one breast. The subcutaneous ligature was employed, and was successful. A small cutaneous nævus, on the same child, was subsequently tied on needles in the usual way.

Injection of Cysts with Iodine.—A girl, aged 3, under the care of Mr. Athol Johnson. in the Hospital for Sick Children, on account of a congenital cystic tumour, extending from one labium to the spine of the ilium. It measured 6 inches and a half, in its long diameter, by three across, and had several constrictions, which gave it the appearance of several cysts, though in reality but one. Four ounces of yellow, albuminous fluid having been drawn off, some tincture of iodine was injected. Within a very few hours the tumour refilled, but there was not much inflammation. Subsequently, steady diminution took place, until, at the end of a fortnight, the child being attacked by scarlet fever, the cyst suppurated. A free incision was now practised, and the case has since done well.

Polypus of the Rectum.—A man, aged 25, under the care of Mr. Quain, in University College Hospital, on account of a polypus, growing by a long pedicle within the rectum. It had existed for many years. Excision was practised, and the man soon recovered.

Removal of Fibrous Tumours from the Uterus.—A woman, aged 35, under the care of Mr. Baker Brown, in St. Mary's Hospital, suffering from fibrous tumours within the uterus. She was very anæmic, from frequent losses of blood. One of the tumours protruded from the os, about the size of an egg, and had contracted firm adhesions to the cervix. The operation, which lasted an hour and a half, consisted in dragging the tumours down by means of a ligature passed through the lower one, and then by means of the hand in the cavity of the uterus enucleating the others. But little blood was lost. The whole mass, when detached, weighed more than four pounds; it consisted of numerous fibrous growths joined together. The patient remained very feeble after the operation, and on the eleventh day, whilst being raised in bed, became much exhausted, and sank into collapse, from which she never rallied. There had been swelling of the left leg since the sixth day. At the autopsy, phlebitis of the left iliac vein was found, but there was no purulent deposits in either lungs or liver. The aortic valves of the heart were diseased. In the uterine wall, near the fundus, was a fibrous tumour of considerable size, and in the cavity of the organ, a small one, of similar character to those removed. The os was much dilated, and the body of the womb contracted.

Puncture of the Bladder—In the case mentioned last month, under the care of Mr. Lloyd, in St. Bartholomew's Hospital, in which puncture above the pubes had been performed, the catheter has since been passed through the stricture, and the artificial opening allowed to heal. No. 8 can now be introduced, and the man may be considered well.

A man, aged 71, the subject of bronchitis, and much out of health, was admitted into Guy's Hospital, under the care of Mr. Callaway, on account of retention of urine, from prostatic disease. Catheterism being found impracticable, the instrument was pushed through the opposing part of the gland. On a second occasion, however, it being again found impracticable to pass a catheter, it was determined to puncture by the rectum. This was done in the usual way, and a large quantity of bloody urine removed. The canula was left in until the time of death, which occurred forty-eight hours after the operation. At the autopsy, the track of the puncture was found in a healthy condition. The third lobe of the prostate was very large, and hung valve-wise over the opening of the urethra. The kidneys were diseased, and there was extensive lobular pneumonia.

Puncture of the Urethra.—A man, aged 53, in broken-down health, and almost at death's door, from the effects of a stricture of twenty years' duration, was admitted into Guy's Hospital, under the care of Mr. Cock. No instrument could be passed, and on the second day it was determined to relieve him by opening the urethra behind the stricture. Hitherto, the urine had merely oozed away. The operation was performed in the usual way, no attempt being made to divide the stricture. No blood was lost, and the urine afterwards flowed freely by the wound. Although thus relieved of the local distress, the man had not power to rally. He remained low and without appetite, and sank on the seventh day. The autopsy showed a cartilaginous stricture in the membranous urethra, which could only just be made to admit a punctum probe. No sloughing or infiltration had occurred, but there was a small abscess in the prostate. The kidneys were almost sound, and the bladder less diseased than might have been expected. The opening had entered the urethra just behind the stricture.

Cyst in the Antrum.—A woman, aged 31, under the care of Mr. Cock, in Guy's Hospital, on account of a cyst distending the right antrum and projecting under the cheek. The bone in front of it had been absorbed. The operation consisted in dissecting up between the gum and cheek, and removing as much of the cyst wall as could be got away by means of scissors. A glairy fluid was evacuated, the cyst wall being tough and fibrous. The cavity was stuffed with sponge. Suppuration followed, and the parts healed, the cyst being apparently destroyed.

Excision of Nerve Trunk.—A man, aged 59, is under Mr. Hilton's care, in Guy's Hospital, on account of painful stump. Amputation below the knee was performed six years ago. Mr. Hilton excised about an inch and a half of the peroneal nerve. The relief has, of course, been complete, as far as the parts supplied by that nerve are concerned, but in some others the pain still remains.

Ligature of Varicose Veins.—In three cases, under care in St. Thomas's Hospital, the operation of ligature of veins, by passing a needle under their trunk, and employing the twisted suture, has been performed. In one the patient had rigors, and some febrile excitement, but these subsided after removal of the needles. All proved successful.

Operation for Urethral Stricture.—A man, aged 34, a shoemaker, of pale complexion and much out of health, was admitted into St. Bartholomew's Hospital, under the care of Mr. Paget, on account of retention of urine. He had suffered from a close stricture of the urethra for fifteen years, the disease having followed a neglected gonorrhœa. He had attended many surgeons, and had many times suffered from complete retention. His first attack of retention was twelve years ago. On many occasions it had been found impossible to introduce instruments, and, for a month prior to his present admission, he had attended at the Surgery of St. Bartholomew's almost daily, and on one occasion only had it been found practicable to pass the stricture. On the day previous to his admission, in the out-patients' room, after a very patient trial, a most dexterous surgeon had failed to introduce the smallest instrument. The retention being urgent, and the House-Surgeon having been foiled in his endeavours, Mr. Paget was called to the case at midnight, and, after a long trial, succeeded in forcing a No. 4 through the stricture. During the next fortnight, No. 2 was passed daily, and occasionally No. 3; but, as no permanent gain seemed to accrue, and the history of the case indicated a stricture of extreme obstinacy, Mr. Paget determined to perform perineal section. This was accordly done, a Syme's staff, No. 2, being used, and the stricture cut freely through in the median line of the perineum. A silver catheter was afterwards passed, and retained for four days. During this period all went on well, but, after the removal of the catheter on the fourth day, the man had a severe rigor, which was followed by almost complete suppression of urine for twenty-four hours. For three days he continued ill, but subsequently, the symptoms passed entirely away. The wound was quite healed at the end of two weeks. At present, the man is quite well in every respect, and more comfortable, as regards his urinary apparatus, than he had been for fifteen years before. A No. 10 catheter can be passed with ease, and the stricture shows no tendency to again contract.—*Med. Times and Gaz.*, Oct. 27, and Nov. 3, 1855.

Clinical Lecture on Foreign Bodies in the Œsophagus.—By John Hamilton, Surgeon to the Richmond St. Hospital. Many diseases will be submitted to your treatment, on which you will have time to deliberate: affections of the joints, of the bones, tumours, chronic abscesses, and the like. Others in which you will have no such advantage, but be called on to act at once. Among these will be included the majority of accidents; and in no description of accident more so than in cases of foreign bodies arrested in the œsophagus and windpipe. A woman has just left the hospital well, in whom I had to push a piece of beef bone, stuck in the œsophagus, down into the stomach. Before reading the case, let me make a few general observations.

In practice you will find yourselves most commonly called on to treat cases, where foreign bodies stay in the œsophagus, and cause choking, under two different circumstances. First, where the bodies are small and sharp (the most frequent), such as pins, small bones of fish, sharp splinters of bones swallowed in hash or mince, &c. Secondly, where too large a morsel, either a hard body, as an apple, or any soft tough material, attempted to be swallowed, becomes wedged in the pharynx, and the patient can neither get it up nor down; a lump of beek-steak, a crust of bread, half chewed, for instance. The last division is much the most serious. A large body, by its pressure and position, closes the glottis, and speedy death is the result.

Now, as to the first, where a sharp piece of bone has stopped in the pharynx or œsophagus, two courses are open to you; to get it out, which is the most desirable, or to push it down into the stomach. Sometimes, though rarely, you will see the foreign body stuck across the upper part of the pharynx; this simplifies the extraction, but it is not always as easy as you might think. I recollect a young woman, who came to the hospital with a large pin wedged across the throat, the violent muscular efforts and contractions having served to force it in, and fix it at both ends. To disengage it I had to seize it in the middle, and push one end in deeper, till the other was loose. I was lucky enough to hit on the right or sharp extremity, and then withdrew it with ease. A woman had been eating fish, and one of the small bones stuck in her throat, causing excessive irritation, and sensations of choking and retching. I saw the end standing up at the left of the dorsum of the tongue, the other being fixed at the lower and posterior part of the tonsil. I readily seized it, but instead of coming easily away, I was astonished at the resistance, which required some force to overcome, as I had to tear it from its bed. When removed, the reason was apparent; a small barb projected from one side of the end.

When you cannot see the foreign body, you may, if it is of any size, be able to feel it, and hence more accurately guide the forceps. In children this is more easy of course, from the shorter distance from the teeth to the pharynx. I recollect Sir Philip Crampton mentioning that he had in this way succeeded in detecting the position of, and removing a buckle which had stuck in a child's throat.

Generally, you will be able neither to see nor feel it, but must trust to the evidence of the patient and his sufferings, as to the presence and situation of the foreign body in the œsophagus. Besides the miserable sensation of choking, and the indescribable distress exhibited by most people under these circumstances, they usually point, if the substance is sharp, to one side or other of the throat, as the seat of pricking pain. This is valuable information, and in trying to get it out, should be borne in mind. The woman, who has left the house, pointed constantly to the right side as the part where the bone was, and, acting on this, I was successful in dislodging it. In attempting to dislodge a foreign body from the pharynx, you must be prepared for great difficulties, the chief of which are the spasmodic action of the muscles of the pharynx, the choking or sense of suffocation which the presence of your instrument causes, and that makes the patient instinctively put up his hand, seize and draw it out, before you have accomplished anything. In introducing your finger, let me caution you to guard it by a few turns of your handkerchief around it, or by an assistant holding the handle of a fork, or something similar, between the molars, otherwise severe bites are given by a sort of involuntary spasmodic closure of the jaws.

If it is a piece of bone of tolerable size, or a square bit of glass, not uncommon in children, or such like hard body, you may feel it with the œsophagus forceps, seize and withdraw it. Here are two kinds, one opening from before backwards, the other laterally, long, and of moderate curve. In passing them, keep well to the back of the pharynx, so as to avoid the glottis, and to the side the pain is complained of. If you catch hold of anything, you must be satisfied that it is no part of the edge of the glottis, but really the substance you are in search of. You will not, however, find the forceps a satisfactory instrument, and will be more successful, generally, with the probang, particularly as it is sold with two cords attached to it. You pass it carefully to the back of the pharynx, then tell the patient to swallow, when it will go readily down the œsophagus, unless stopped by the foreign body; a little force will usually get it beyond this, and when you are satisfied that it has passed it, the probang should be pulled up again, pressing as much as possible along the side of the pharynx where the patient points the substance to be. In this way I have removed many objects from the pharynx. Here is a very ugly bit of mutton bone, quite sharp at either end, and which stuck across the œsophagus. At the first attempt I disengaged one end. at the second it got entangled between the sponge and cords, and came out.

A young gentleman came to me in the evening with a chicken bone, he said, sticking in his throat, referring the place to the level of the lower part of the larynx. He could swallow water, but with pain; an attempt to swallow a crust of bread, which he had been advised by his friends to do, gave him great torture. I passed down the probang, not without some difficulty, below the seat of obstruction, and then drew it out, in doing which I felt slight resistance, but I was gratified to find that I had withdrawn the foreign substance entangled in the strings of the probang. On examination, it proved to be not a piece of chicken bone, as he had thought, but a piece of the flesh of the chicken in a flake, an inch and a half long, transfixed by a pin. The point of the pin had luckily just entered the sponge, and remained fixed in it, as I drew the probang out. Poulterers, in sending home fowls, constantly pin paper around them; in this instance the paper had been torn off, and one of the pins still left in, and thus had been swallowed with the morsel of flesh through which it ran.

If you fail in your efforts to extract the foreign body, the next best thing is to get it into the stomach; it cannot be left in the throat where its presence is intolerable and dangerous, so with the round bit of sponge at the end of the probang you push it down the œsophagus into the stomach. But you will say, is there no danger in introducing into an organ with thin, membranous walls, such a sharp bit of bone as you have just shown us, or pins or needles. bits of glass, and such like? Well, there certainly is danger, but less than leaving the same substances in the throat. It is strange and interesting what hard and sharp things will pass along, through the pylorus, the whole tract of smaller intestines, by the apparently impassable ileo-cæcal valve, into the large intestines, and out by the anus. An apothecary in my neighbourhood came to me in great alarm, with his little boy, about three years old, who had just swallowed an Irish diamond breastpin. There was reason enough for the poor father's anxiety; as, if nature attempted to get rid of this long pin by the sharp end, transfixing the bowel and external parts, the large head would be an impediment to its progress, and hence be likely to cause fatal irritation. He was anxious to give castor oil. I objected to this, or to anything that would be likely to disturb the peristaltic action of the bowels. I desired the little boy to be let go about as usual, but that his food should be as solid as possible, as I thought the pin more likely to pass safely out of the stomach in a mass of chyme of some consistence. No real diamond seeker ever examined the mine with the same eagerness that the father did the first motion passed the next day by the little boy. He found the pin in it less than twenty-four hours after it had been swallowed. In this case, no doubt, the pin had fortunately gone with the heavy, blunt head foremost. If the foreign body is solid, and rather large, the pylorus sometimes refuses to let it pass, it causes uneasiness in the stomach, and is rejected by vomiting. Here is a large brass button, off the coat of one of the Dublin and Kingstown Railway servants. It was swallowed by a child four years old; caused uneasy sensations, and finally vomiting, by which it was happily rejected, without stopping in the throat. Generally, if of moderate size, even though sharp, as a pin or needle, the foreign body passes on, and is expelled through the anus. But if a sharp body, pushed into the stomach, is refused passage by the pylorus, and cannot be expelled by vomiting, it will try to get out through the walls of the stomach and abdomen. Many such cases are related by authors, where large pins, long, strong fish bones, even the steel with which butchers sharpen knives, have slipped down the œsophagus into the stomach, and made their way out through a large abscess pressing over them externally. In a few instances death has resulted. Schenkius relates that a large iron needle, which a man had swallowed, made its way out through the walls of the stomach, and then penetrated into the substance of the liver, and the patient died of tabes. Where the pylorus has been passed, the foreign body, if sharp, may be arrested in any part of the intestinal tract, and work a passage out by ulceration and suppuration at some part of the belly or groins, or even the loins. Pins have made their way into the bladder, and been passed with the urine, incrusted with calcareous matter, or have remained and produced the symptoms of calculus, and been removed by operation. In the *post mortem* examination of George the Fourth, how this takes place is shown. A sharp piece of mutton bone was found which had partly got into the bladder from the rectum, having transfixed the parietes of each, where they lie in contact, one end projecting into the rectum, the other in the bladder. A bit of bone has got safely to the rectum, pierced the bowel by the side of the anus, caused an abscess there, and so got out. Petit gives a case of this kind of a lady, in whom he removed, from an abscess by the side of the anus, a chicken bone. You will see, therefore, that in many, perhaps the majority of cases, foreign bodies, pushed from the œsophagus into the stomach, will pass on safely and without much disturbance; in others, they get an exit by ulceration and suppuration at various parts of the intestinal tract, or of the body; the strange course of pins and needles being well known, even out through the testicles and scrotum. But in a few cases, death has resulted from the irritation on their getting into a wrong track, as the liver or kidney.—*Dublin Hospital Gazette*, Dec. 15, 1855.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Lard as an Antidote to Strychnia.—Dr. D. F. Fetter, of Croton Falls, N. Y., writes to us as follows:—

"In the number of the *American Journal of the Medical Sciences* for October, 1855, there is an article in relation to the effect of lard as an antidote to strychnia. Some time during the past summer, I undertook to poison a dog by giving him ten grains of corrosive sublimate in butter. I gave it in the evening, and expected to find him, in the morning, dead, but was surprised to see him alive. I then gave him three or four grains of strychnia in butter, and it failed to have the desired effect, when I gave him another dose, in meat, which proved fatal in about fifteen minutes."

We must add that Dr. W. G. Thomas, of Camden, N. J., states (*Medical and Surgical Reporter*, Jan. 1856) that he was induced to repeat Dr. W. N. Pindell's experiments (see *American Journal of the Medical Sciences* for Oct. 1855, p. 541), and with different results. He first tried olive oil. All the cats experimented on died in from five to fifteen minutes. He then tried lard; it also failed. The animals experimented on (dogs and cats) expired in about the time usually observed in poisoning by strychnia.

Death from Chloroform.—We have to record another death from the inhalation of chloroform. It occurred in Boston. The exhibitor, Dr. Emery, publishes the following statement of the case in the *Boston Journal*:—

"Between the hours of 1 and 2 o'clock on the 5th inst., I commenced to administer chloroform to Mrs. P. A. Morgan, at her request, for the purpose of removing some teeth. I commenced with a small quantity—should think from two to three drachms, on a sponge. She inhaled it without difficulty for a minute or two. Her pulse was not strong, but uniform. She then commenced to be excited, and said that I was going to extract her teeth, and she should know all about it. She said that Mrs. Paige (the lady who accompanied her) was getting the forceps to extract them with. I think about one minute had passed during this conversation and excitement. I then removed the sponge from her mouth, and in a few moments she became quiet, and satisfied that there had been no attempt made to remove her teeth. In a few moments I commenced the operation again, with the same amount of chloroform. She inhaled it without difficulty about as long as she did before, and became so much excited that she got up out of the chair, and insisted that I had extracted her teeth. She spit on the floor and looked to see if it was blood, and she insisted that some one was coming into the room whom she did not want to see. I sat her down in the chair again, and she then went into a spasm, closed her teeth, and breathed with difficulty. I sprinkled water on her face, and the muscles relaxed, and I asked her to get up and we would place her on the lounge. She made an effort to rise, and, with my assistance, stood on her feet, and then instantly sank to the floor. With the assistance of Mrs. Paige, I placed her on the lounge, and then there was a rush of blood to the brain. I sprinkled water in her face again, but she showed no signs of being conscious. Mrs. Paige went for assistance, and I immediately commenced artificial respiration by insufflation, and kept it up until Dr. Stedman came in, which was but a few minutes."

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Ovum in Ovo.—Dr. J. F. Read, of Fairfield, Greene Co., Ohio, writes to us: I see, in the Nov. number of *News*, "a remarkable case," as you style it, of an "ovum in ovo." You say, you "do not recollect to have heard of one before which had a separate calcareous covering." If they are of such rare occurrence, allow me to offer an occurrence, with some similarity, occurring in the egg of a goose. The enveloping egg was of uncommon size—attracting attention by its dimensions—with a shell of less firmness than usual. It would be classed with what is usually denominated "soft shelled eggs," though offering considerable resistance upon pressure. It was symmetrical, well filled, though admitting of sufficient compression to detect some hard substance. Upon rupturing the outer membrane, with its thin, calcareous deposit, it was found to contain about the usual quantity of albumen, surrounding a well-formed egg, of the average size, and covering of more than usual resistance. The diameters of the contained egg corresponded with the outer, and were not opposed to them as they were in the case reported. The arrangement of the contents of the inner egg did not differ from what we usually see.

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Philadelphia County Medical Society.—The following are the officers and delegates for 1856, elected January 16, 1856:—

President.—Dr. Wilson Jewell.

Vice-Presidents.—Drs. George W. Norris and William N. Johnson.

Recording Secretary.—Dr. Anthony E. Stocker.

Assistant Secretary.—Dr. James Aitken Meigs.

Corresponding Secretary.—Dr. Alfred L. Kennedy.

Treasurer.—Dr. William Byrd Page.

Censors.—Drs. John B. Biddle, Lewis Rodman, Samuel Lewis, Thomas F. Betton, D. Francis Condie.

Delegates to the American Medical Association.—Drs. Thomas F. Betton, D. Francis Condie, G. Emerson, James V. Emlen, Edward Hartshorne, Isaac Hays, Samuel L. Hollingsworth, A. Helffenstein, Benj. S. Janney, Prof. Samuel Jackson, Wilson Jewell, Wm. N. Johnson, Alfred L. Kennedy, Réné La Roche, Samuel Lewis, John F. Lamb, Richard I. Levis, William Mayburry, Lewis Rodman, Francis West, Caspar Wistar.

Delegates to the State Medical Society.—Drs. James Ash, Franklin Bache, T. Hewson Bache, John Bell, John B. Biddle, Thomas F. Betton, Joseph Carson, Benj. Horner Coates, D. Francis Condie, G. Emerson, Robert A. Given, Lewis P. Gebhard, Wm. W. Gerhard, Paul B. Goddard, John D. Griscom, Henry Hartshorne, Edward Hartshorne, Nath. L. Hatfield, Sam'l L. Hollingsworth, Prof. Samuel Jackson, Samuel Jackson, Benjamin S. Janney, Edgar Janvier, Wilson Jewell, W. L. Knight, Wm. H. Klapp, R. S. Kenderdine, E. F. Leake, Réné La Roche, Wm. Mayburry, Charles D. Meigs, J. H. B. McClellan, Arnold Naudain, John Neil, George W. Norris, John M. Pugh, Lewis Rodman, Isaac Remington, J. Henry Smaltz, Henry Y. Smith, George B. Wood, Thomas H. Yardley, Jacob S. Zorns.

ANTHONY E. STOCKER,
Recording Secretary.

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Northern Medical Association.—At the annual meeting of the Northern Medical Association, held January 11, 1856, the following officers were duly elected, viz:—

President, Dr. J. T. Lamb.
V. President, Dr. Joseph R. Bryan.
Treasurer, Dr. J. H. Smaltz.
Rec. Secretary, Dr. L. Curtis.
Corres'g Sec., Dr. Wm. Mayburry.
Rep'g Sec's., Drs. M. Fort and J. S. Hill.

Counsellors. Drs. John Rhein, N. L. Hatfield, A. Helffenstein, and Geo. J. Ziegler.

Delegates to Am Med. Association.—Drs. N. L. Hatfield, R. H. Townsend, J. F. Lamb, and J. H. Smaltz.

L. CURTIS, *Rec. Sec.*

—

Philadelphia Hospital for Diseases of the Chest.—We are informed that an institution for the special treatment of the diseases of the chest has been organized; and that a spacious and very convenient house, in a favourable situation in West Philadelphia, has been secured, which will be opened for the reception of patients early in April next.

Such an institution, properly conducted, and with efficient medical attendants, must be highly useful, and can scarcely fail to meet success.

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OBITUARY RECORD.—Died, in Petersburg, Va., Dec. 6, 1855, in the 40th year of his age, JOHN FREDERICK PEEBLES, M. D., one of the editors of the *Virginia Medical and Surgical Journal*, and author of several valuable communications to the *American Journal of the Medical Sciences.*

The Petersburg Medical Faculty, of which Dr. PEEBLES was one of its brightest ornaments, have adopted resolutions expressive of grief at his loss, and of the respect they entertain to his memory.

FOREIGN INTELLIGENCE.

Diabetes Mellitus.—The physiology of sugar in the system has recently undergone so many changes, that diabetic sugar in the urine in patients, attracts unusual attention. A case of this kind has been under the care of Dr. Bence Jones, at St. George's, for some weeks; and as this physician shows his class, week by week, the changes in the amount of sugar, resulting from changes in animal and vegetable diet, treatment, &c., and explains the copper and other tests for glucose, such patients possess no unusual interest for students. Diabetic sugar is never generated from milk sugar, though it need scarcely be remarked it is quickly formed from other products very nearly allied, such as albumen, starch, or vegetable sugar. Diabetes is more under the control of regimen than medicine. Milk is a very proper diet for diabetic patients. Dr. Bence Jones observed in this case, though milk abounds in sugar, some physicians, since the researches of Bernard and Lehmann, seem inclined to look on the disease as not so much a new formation of sugar as an accumulation of that always forming in the normal state, and in some way obstructed in its exit, like urea or bile detained in the system. Dr. Pavy, of Guy's, believes he has found that diabetic sugar is a specific form, different from other modifications of glucose. It seems very well established, that the sugar of the liver is formed from the albuminous products of the blood of the portal vein; and still more recently, it has been observed that fibrin and hæmatin, disappearing, also, in the liver, whether as the result of tuberculous or inflammatory crases of the constitution, may give rise to sugar. Some other recent researches would point to diabetes as a peculiar form of nervous disease, rather than a renal or hepatic affection, the kidneys only acting in a secondary point of view. In hospitals, also, it is sometimes found that albumen and sugar alternate in the same urine, still further indicating a connection between these two substances in the portal system. Amongst recent remedies, gluten bread has been much recommended, but fine bran bread is preferable. Maccaroni is also highly praised. Amongst medicines, citrate of ammonia and opiates are perhaps the best.—*Lancet*, Dec. 29.

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Bright's Disease of the Kidneys.—The very great usefulness of the liquor ammoniæ acetatis, in cases of Bright's disease of the kidney, deserves to be more generally known than it is. We sometimes see this affection given up as beyond all cure; yet, at Guy's Hospital, where the affection was first discovered, and since then has been most carefully studied, Dr. Addison has found the liquor ammoniæ acetatis, by acting on the skin, and relieving the congested condition of the kidney, the best of all the remedies for this disease; diuretics at the same time to be strictly avoided, but not mercurials.—*Ibid.*

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Painful Stumps after Amputations.—In a patient with a very painful stump after amputation, Mr. Stanley, a few days ago, dissected out the nerve and bulbous extremity, which, under microscopic examination, proved normal in structure. At one period, he stated, these bulbs were conceived to be the cause of the neuralgia of the stumps; but he was inclined to agree with Mr. Langstaff and Mr. Spence, of Edinburgh, that they were merely natural products, and, except they got involved in the cicatrix on the face of the stumps, they never caused pain. He stated also a very interesting practical fact, that from considerable experience of amputations with flaps and by the circular mode, and from a comparison of cases in other countries, where the circular mode of amputation was preferred to the plan by flaps—brought so much into use by Liston—that painful stumps were much more common after flap amputations than circular amputations; in the latter, the nerves were cut off short and buried in the stump; while, in long flaps, the nerve or bulb almost always comes to be pressed on, causing more or less pain.

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Varicose Veins.—In a very marked case of a patient with varicose veins, in St. Bartholomew's recently, Mr. Skey placed a dozen small issues with the potash paste along the *trajet* of the enlarged venous trunks, with the very best possible effect; the issues healed up very kindly, and the varicose condition of the large trunks of the lower extremity disappeared *pari passu* with the action of the issues. Mr. Skey believes this to be the best of all the plans for treating this troublesome affection.

In two similar instances under treatment in University College Hospital, Mr Erichsen placed ligatures on the veins, the only precaution that is necessary, he said, being not to transfix the vein, or suppurative phlebitis might be set up. The operation will be quite safe if, in passing the twisted suture, the surgeon keeps *beneath* the vein; if blood passes out, the vein will in all probability be transfixed. Both cases have done well.—*Lancet*, Dec. 29.

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Prize Essay on Hydrophobia.—A prize of fifty pounds will be paid to the author of the best treatise on "Hydrophobia," to be delivered to the secretary of the University of Edinburgh, on or before the 1st November, 1860.

The prize will not be assigned for a mere compilation. The treatise must contain original inquiries, tending to improve the state of knowledge as to the causes, nature, or treatment of hydrophobia.

The donor of the prize reserves the right of postponing the award, should the judges not consider that any treatise received at the appointed time is of sufficient importance to deserve the prize.

The treatises may be delivered at any period, and must be received before publication. But after perusal by the judges, they may be published.

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Opening of the Session of the Academy of Medicine of Paris.—This learned Society opened the session on the 11th instant with the usual ceremonial—viz: 1. A report by the annual secretary respecting the prizes; 2. The public announcement of the latter; 3. The panegyric of some deceased member of the Society, being this year that of Recamier, by the permanent secretary, M. Frederick Dubois. Amongst the prizes we may notice the following: Medals of various value were granted to a considerable number of medical men all over the country, for Reports on, and the Practice of, Vaccination; also, to a great number of physicians, officially appointed in watering-places, for Reports and Papers on the Mineral Springs of the different parts of France. The most prominent isolated prizes are—1. The Prize offered by the Academy, M. Julius Rochard, of Brest, Influence of Change of Air on Tubercular Formations in the Lungs; 2. Civrieux Prize, divided between M. Sabourand and M. Puel, on Catalepsy; 3. Capuron Prize, divided between M. Petrequin and M. Socquet, on the Physiological and Therapeutical Action of Alkaline Mineral Waters; 4. Itard Prize, M. Vidal (de Cassis) for his work on Venereal Diseases. The latter prize is triennial, and is, this year, worth $700. The others are $200 each. The Portal Prize on "Goître and Cretins," was *not awarded*, but small sums were, by way of encouragement, granted to M. Bach, M. Moretin, and M. Le Tertre Vallier. The Capuron Prize (on Sudden Death in the Puerperal State) *was not given at all*, and stands over for next year.

We now add the subjects offered for competition for 1856, 1857, and 1858—The Academy Prize, $200: Give the History of the Applications of the Microscope to Morbid Anatomy, also to the Diagnosis and Treatment of Diseases; point out of what use this instrument has been in medicine, how it can be rendered further useful, and show how the errors to which it may give rise may be guarded against.

2. Portal Prize, $200: on the Morbid Anatomy of Cysts. 3. Civrieux Prize, $400: To establish by actual facts the difference between Neuralgia and Neuritis. 4. The Capuron Prize, $200: On bloodletting in pregnancy. 5. The Argenteuil Prize, $2400, given every sixth year (1850—1856), to be awarded to the author of the most noted Improvement in the Treatment of Stricture of the Urethra; or else to the author of such improvement in other diseases of the urinary apparatus.

For 1857.—1. Academy Prize, $200: On the Degree of Utility of Issues and Setons in Chronic Diseases. 2. Portal Prize, $200: Describe the Organic Changes caused by Rheumatism, and show how these Changes may be distinguished from Alterations depending on Other Causes. 3. Civrieux Prize, $300: On Nervous Vertigo; establish the diagnosis of the disease, and point out how it can be distinguished from vertigo depending on plethora, anæmia, or an organic cerebral lesion; and state which treatment should be used in nervous vertigo. 4. Capuron Prize, $200: the same as last year (on Sudden Death during Gestation). The Academy wishes competitors to understand that sudden deaths have occurred with pregnant women either during or after parturition, and that these cases could not be explained by the ordinary causes of sudden deaths. The Academy had those cases in view when the question was last proposed, and it is with respect to these that the question should be answered. 5. Second Academical Prize, $200: Give the Characters of Saline Mineral Waters, Point out the Springs belonging to this Class; Ascertain by Cases their Physiological and Therapeutical Effects, and state in which Chronic Diseases they may be advantageously employed. 6. Lefévre Prize, $360 (triennial), On Melancholia.

1858.—Itard Prize, $600 (triennial): To the best book (of at least two years' existence) on Practical Medicine—viz: on Actual Therapeutical Applications.

The papers for 1856 should be sent in before the 1st of March of the same year.

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Appointment of M. BERNARD *to the chair vacant by the death of* M. MAGENDIE.—On Monday, Dec. 17, the Academy of Sciences, of Paris, proceeded to the nomination of two candidates for the chair occupied by the late M. MAGENDIE at the College de France. M. Bernard had 41 votes, M. Longet 7, and M. Littre 1. Bernard was therefore declared the first candidate. Longet having obtained afterwards 43 votes, while Brown-Séquard had only 7, the former was declared second candidate. The *Moniteur* of the 22d instant published the appointment of Bernard by the Minister of Public Instruction. This election has excited much interest in the medical world of Paris.

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Dr. Marshall Hall.—This distinguished physiologist has been elected a corresponding member of the French Academy of Sciences, to the section of medicine and surgery. The other candidates were Rokitansky, Christison, Riberi, and Chelius.

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New Surgeon Extraordinary to the Queen.—Mr. FERGUSSON has been appointed surgeon extraordinary to the Queen of England.

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Medical Students.—It is stated that there is a considerable diminution of the number of students at the various hospitals in England and Ireland this session. In Dublin, the number registered is between 450 and 500; in London it is rather more than 1,000, which is smaller than that of last session. In the provinces there is also a falling off. In Edinburgh, the number of matriculants at the University this session is 1,288, being 56 more than at the previous session. In Paris, the number of inscriptions for the session 1855-6 is 966, being two more than at the last session. The number of first inscriptions, this session, is 180, being 29 more than at the previous session.

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The Winter in England.—The winter in England has been severe as well as in this country. It appears from the Registrar-General's report, that the mean temperature of the week, ending Dec. 22d, 1885, was 28.2 degrees, which is 10.8 degrees below the average of the same week in 38 years.

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OBITUARY RECORD.—Died at Hordle Cliff, near Lymington, Hants, Dec. 16, aged 69, WILLIAM FREDERICK CHAMBERS, M. D., K. C. H., F. R. C. S., Lond., &c. &c. Formerly physician to the Queen.

—— Dec. 4, at his country-seat, near Blairgowrie, Sir GEORGE BALLENGALL, Regius Professor of Military Surgery in the University of Edinburgh, &c. &c., aged 75 years.

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CLINICS.

Statistics of the Principal Operations performed in the London Hospitals during the month of October, 1855.

Lithotomy.—*Case* 2 (Mr. Statham's) of last month's report, under treatment at the time, has since recovered.

Number of cases, 6; recovered, 4; under treatment, 1; died, 1.

Case 1. A man, aged 21, in good health, under the care of Mr. Paget, in St. Bartholomew's Hospital, having suffered from stone for some years. The usual operation was performed, and a large, flat, oval stone removed. The superficial arteries bled very freely during its performance, but they did not necessitate the use of ligatures. A considerable quantity of blood was, however, lost. Excepting a single rigor, the man had not a bad symptom afterwards; he recovered quickly. *Case* 2. A boy, in fair health, aged 4, under the care of Mr. Stanley, in St. Bartholomew's Hospital. The usual operation was performed. Is nearly well. *Case* 3. A boy, in moderate health, aged 6, under the care of Mr. Skey, in St. Bartholomew's Hospital. The usual operation. Recovery. *Case* 4. A pale, rather cachectic man, aged 22, under the care of Mr. Borlase Childs, in the Metropolitan Free Hospital. He had long suffered from symptoms of stone. In the operation, a vessel of considerable magnitude in the outer and lower part of the incision was wounded, and bled most alarmingly. The operation was at once desisted from, and, with some difficulty, a ligature was, by means of a tenaculum, applied to the wounded vessel. A large stone was afterwards removed. The wound was plugged with sponge. No further hemorrhage occurred, the sponge being left in for four days. The ligature came away about the twelfth day, and the wound is now fast healing. Neither in this case nor in Case 1, does the great loss of blood, which in each occurred during the operation, appear to have materially interfered with the subsequent progress. *Case* 5. A weaver, aged 46, of in-

Published monthly by BLANCHARD & LEA, Philadelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage to the subscriber.*

☞ *In no case will this work be sent unless the money is paid in advance.*

temperate habits and worn-out health, was admitted into Guy's Hospital under the care of Mr. Cock, having, three days before, broken a gutta-percha bougie into his bladder. About eighteen months ago he had been under Mr. Lawrence's care, in St. Bartholomew's Hospital, on account of a similar accident, on which occasion, the urethra was opened in the perineum, and a large fragment taken from that canal; a smaller one, which was in the bladder, being left to escape spontaneously. The wound had soundly healed, and with so much contraction, that he found it again needful to resort to the use of bougies. When admitted, under Mr. Cock, the retained portion was wholly in the bladder, and was believed to be about five inches in length. The man at first refused to submit to any operation, believing that he should be able to pass the fragment by the urethra. Symptoms of vesical irritation became aggravated, and a week after admission he consented to have the foreign body removed. Mr. Cock performed an ordinary lithotomy operation, making, however, but a very small incision in the prostate. Five inches of bougie in three portions, all coated with phosphates, were removed. Excepting an attack of orchitis, the man has since done uninterruptedly well, and the wound is now nearly healed. *Case* 6. A man, aged 64, in good health, under the care of Mr. Luke, in the London Hospital. It appeared, from his symptoms, that he had suffered from stone for twenty-five years, although it had not been discovered prior to his admission. The usual operation was performed, and two large, triple phosphate stones removed. The stones had a very peculiar shape, much resembling the quarters of a large orange, and having sides which adapted themselves accurately to each other. Their appearance was such as to suggest most strongly the probability of there being others in the bladder, but, on careful examination, none could be found.* The man did pretty well for the first fortnight, and then rather suddenly sank. Death occurred on the nineteenth day. At the autopsy, the kidneys were found extensively diseased, both from recent and old mischief. The ureters were dilated and inflamed. The bladder was hypertrophied and congested, and there was a considerable collection of matter in the recto-vesical cellular tissue. No other concretions were found in the bladder.

Opening of the Urethra for the Removal of Calculi.—A man, aged 48, was admitted into Guy's Hospital, under the care of Mr. Cock, on September 12. He was in ill-health, and very nervous. He had suffered from stricture for many years, and had been under Mr. Cock's treatment for it in May, 1854. At that time he had a stricture which had resisted many months of continued attempts at dilatation, and Mr. Cock, being consulted in an urgent attack of retention, was able only with the greatest difficulty to introduce a No. ½ catheter. After that, the canal was got into a tolerably pervious condition, but the man remained unable to empty his bladder without the use of a catheter, and was accustomed to employ the instrument himself. At times, great difficulty in its introduction would occur. When admitted on the present occasion, he had for some weeks suffered great pain in the lower part of the urethra, and on several occasions had felt a stone on passing the instrument. Mr. Cock examined him, and also discovered what appeared to be a small fragment of stone close to the prostate, and, on one occasion, felt this to slip back into the bladder. The man's health was so bad, that it was feared he would not bear a lithotomy operation. Dilatation of the urethra was practised, in the hope that the stone, evidently a small one, might escape spontaneously. After a time, it became impossible to find the stone, while yet it was almost certain that it had not been voided. A No. 3 could be passed, but it occasioned much irritation. Suspecting that the stone had got lodged in a pouch by the side of the urethra, it was at length determined to open that canal. An ordinary lithotomy staff being used, an inch and a half of the urethra, from the front of the bulb to the prostate, was laid open; no stone could be found, and the prostatic urethra having been dilated until it readily admitted the finger, a complete and careful examination of the bladder was made, but with like result; neither the finger nor the sound could detect a stone. The man was much relieved by the operation, but some pain continued about the neck of the bladder until nine days after the operation, when two calculi, the size of filberts, escaped spontaneously by the wound. From this time all irritation ceased, and he has made very good progress. The wound is very nearly healed, and he has left the hospital, able to pass his urine by the natural way, without the use of an instrument.

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* For the particulars of an important case, in which, as in the above, two calculi had, by rubbing against each other, acquired *several* smooth sides, the reader is referred to the *Medical Times and Gazette* for July 30, 1853, page 109. In it, as in the above, strong suspicions were aroused that there must be more than two present, but in each the autopsy made it certain that such was not the case.

Lithotrity.—A man, aged 74, asthmatic and in poor health, was admitted, on August 24, into St. Bartholomew's Hospital, under the care of Mr. Paget. He had suffered symptoms of stone for nearly two years, but no stone had been discovered previous to his admission. A large calculus having been detected, Mr. Paget commenced treatment by lithotrity, the man being in so feeble a condition that it was not thought advisable to perform lithotomy. The bladder was contracted, and so irritable, that the patient was accustomed to empty it every ten minutes. Between August 23 and October 30, six crushings were practised, and a large quantity of fragments removed. The first three operations were without chloroform, but in the three latter ones it was employed, and with great relief to the patient. The case remains under treatment, but the man has probably got rid of most of the stone; he is improving in health.

Herniotomy.—*Case* 4 of last month's report, was erroneously described as "oblique inguinal;" it should have been *femoral.* The two cases left under treatment last month both recovered.

Number of cases, 11; recovered, 4; under treatment, 5; died, 2.

Case 1. A lad, aged 17, under the care of Mr. Lawrence, in St. Bartholomew's Hospital. He had been subject to oblique inguinal hernia for three years, but had never worn a truss. Fourteen days before admission, the tumour had much increased in size. Symptoms of strangulation for 60 hours. The stricture being at the neck of the sac, the latter was opened; it was found to contain much serum, and some congested intestine. His recovery was uninterrupted. *Case* 2. A woman, aged 59, under the care of Mr. Poland, in Guy's Hospital. Hernia femoral, strangulated 40 hours; about the size of a pigeon's egg.. The woman was extremely ill, having all the symptoms of advancing peritonitis. The sac was opened, and found to contain extravasated blood, and a knuckle of much congested and adherent intestine. After the operation, free opium treatment was pursued, and, in spite of the unhopefulness of her state, a good recovery followed. *Case* 3. A lad, aged 17, under the care of Mr. Quain, in University College Hospital, on account of an oblique inguinal hernia, as large as a goose's egg, and strangulated four days. The sac was opened, and found to contain small intestine. Recovered. *Case* 4. A woman, aged 36, under the care of Mr. Quain, in University College Hospital. Hernia femoral, of large size, and strangulated two days. The taxis had been very forcibly attempted prior to admission. The skin was of a dusky-red colour, and the cellular tissue contained much coloured serum. On approaching the bowel, a fetid smell was distinctly perceptible. The sac was opened, and was found to contain small intestine, which was brown in colour, but had not entirely lost its polish. The stricture was very tight. Peritonitis followed the operation, and the woman was, at the time of report, still in a critical state. *Case* 5. A woman, aged 24, was admitted into the London Hospital, on account of strangulated femoral hernia. She had for a year been liable to hernia, but the present protrusion had come down after an attack of diarrhœa, and had been strangulated about thirty hours. The operation was performed by Mr. Corner (House-Surgeon). The sac was not opened. Opium treatment afterwards. Bowels acted spontaneously on the sixth day. Recovered, without any ill symptoms. *Case* 6. A woman, aged 36, under the care of Mr. Stanley, in St. Bartholomew's Hospital. Hernia femoral; strangulated six hours; size of a walnut. The sac was opened, and was found to contain only omentum; the latter being adherent. The adhesions were divided, and the omentum returned. Doing well. *Case* 7. A woman, aged 39, under the care of Mr. Paget, in St. Bartholomew's Hospital. Hernia femoral; size of a small nut; strangulated three days. Division of the cribriform fascia sufficed to permit of reduction being effected. Doing well. *Case* 8. A woman, aged 51, under the care of Mr. Stanley, in St. Bartholomew's Hospital. Hernia femoral; strangulated twenty hours; size of a large walnut. Sac not opened. Doing well. *Case* 9. A man, aged 50, under the care of Mr. Hilton, in Guy's Hospital, on account of a scrotal hernia, of pyriform shape, and larger than a man's head. He had not been liable to it for twelve years, and a considerable mass had for a long time been irreducible. Mr. Hilton and Mr. Callaway both made patient attempts to effect reduction by the taxis, and, subsequently, ice was applied, and opium freely given. Under these means the more urgent symptoms passed by, but still the mass could not be made to diminish. During the night following his admission, and about seventeen hours after strangulation had commenced, collapse suddenly came on, and it was then deemed necessary to operate at once. This was done without giving chloroform, and without removing the patient from his bed. The sac was opened, and found to contain large coils of small intestine, some omentum, and a considerable length of the colon, the latter being firmly adherent. There was much fluid in the sac, and its contents were greatly congested. The man was sick almost directly after the operation. He never rallied from the collapse, and about an hour afterwards died. No autopsy was permitted. *Case* 10. A very feeble woman, aged 73, under the care of Mr. Henry Thompson, in the Marylebone Infirmary, on account of double femoral hernia, the protrusion on the right side being strangulated. There had been symptoms of obstruction for three days, and vomiting had been present for thirty-six hours. Great depression. Immediate operation was performed; the sac being opened, a portion of omentum and some small intestine were returned. During the next twelve hours there was relief to the pain and vomiting, but, subsequently, the symptoms recurred, and continued until the time of death, five days afterwards. As the symptoms had not indicated any particular locality as the probable seat of obstruction, no further operative procedure had been deemed warrantable. At the autopsy, the portion of small intestine which had been down was found congested, but free, and quite pervious. The transverse colon was greatly distended, and adhered firmly to the margin of the right femoral ring. The left hernia was reducible. The colon appeared to be constricted by the bands of adhesion, and contained much fecal matter above this point, but none below. *Case* 11. A feeble, paralytic old man, aged 77, was admitted into the London Hospital, on account of a large scrotal hernia, which had been strangulated for twelve hours. He was almost in collapse, and it was not deemed advisable to administer chloroform. The operation was performed by Mr. Hill (House-Surgeon); the sac was not opened. A portion of what was believed to be omentum was left in the sac. The man passed a quiet night afterwards, but sank and died about noon the following day. At the autopsy, about fifteen inches of the jejunum were found claret-coloured, but retaining lustre and resiliency; a quantity of bloody serum occupied the pelvic cavity, and in the hernial sac was a large mass of healthy omentum, which was slightly adherent.—*Med. Times and Gaz.*, Nov. 17, 1855.

Ligature of Arteries.—Case 1. A pale, cachectic man, aged 33, admitted under the care of Mr. Paget, into St. Bartholomew's Hospital, on account of a popliteal aneurism. The tumour was the size of a large egg, and beat forcibly. Ligature of the femoral artery was practised on the second day after admission. The man made a good recovery, and has since left the hospital quite well.

Case 2. A man, aged 25, a jockey, was admitted into St. Mary's Hospital, on account of an aneurism in the left popliteal space. Pain had been first noticed, without assignable cause, three weeks before admission. The knee-joint contained fluid, and was, together with the leg generally, much swollen. The limb was kept semiflexed, and there was great pain. Bleeding was practised, and digitalis administered. The patient was very irritable, the knee became more painful, and the aneurism rapidly increased in size. On the third day after admission, ligature of the femoral was practised. The temperature of the limb, which had fallen somewhat, was quite regained three days after the operation. At the date of report (one month after) the ligature had not come away, but the wound was nearly healed, the man being in good health, and the tumour quite pulseless.

Compression Treatment of Aneurism.—A pale, thin man, aged 46, and by trade a basket-maker, is under Mr. Fergusson's care, in King's College Hospital, on account of aneurism of the right popliteal artery. It was, on admission, about the size of an orange, and was believed, from the history, to have existed for ten weeks. Compression treatment, by means of Carte's apparatus, was commenced on October 25. No medicinal or dietetic measures. The apparatus is used in the day only, and quite laid aside at night. On the sixth day of treatment, the tumour was about half the size it was at first, and since then it has steadily diminished, becoming also firmer. The man suffers nothing whatever from the treatment, and always sleeps well.

Amputations.—In Case 5 of last month's report, death has since occurred.

Number of cases, 16; recovered, 6; under treatment, 5; died, 5.

Of the Thigh.—Case 1. A pale and sickly lad, aged 17, under the care of Mr. Ward, in the London Hospital, on account of necrosis of the shaft of the tibia, and disease of the ankle-joint. He was sinking from the profuse discharge, and it was evident that any further attempt to save the limb would endanger life. The disease had existed for eight months. Amputation above the knee. Recovery. Examination of the limb showed the whole shaft of tibia necrosed, and a small opening from its cavity communicating with the ankle-joint. Very little substitute shell had been produced. *Case* 2. A man, aged 21, under the care of Mr. Erichsen, in University College Hospital, on account of strumous disease in the head of the tibia, and consequent disease of the knee-joint. Amputation through the thigh. Doing well. A mass of tubercle was found infiltrated into the cancellous structure of the bone. *Case* 3. A lad, aged 16, in good health, under the care of Mr. Hilton, in Guy's Hospital, on account of anchylosis of the knee, after unreduced dislocation of the tibia two years before. He was ill for a few days after the amputation, but has since done well, and the stump is now nearly healed. The cartilages of the knee-joint were found to have been quite removed by ulceration, though there had never been any external abscess. *Case* 4. A man, aged 42, of very intemperate habits, was admitted, under Mr. Hilton's care, into Guy's Hospital, on account of a compound fracture of the leg, laying open the ankle-joint. He refused to submit to primary amputation. Erysipelas attacked the limb, and occasioned extensive suppuration among the muscles. On the tenth day, the man consented to have the limb removed. He was now reduced to an extreme degree of debility, and death during the operation was much feared. Amputation above the knee. Since the operation, enormous quantities of stimulants have been given, and by their help, there is now every reason to expect a favourable result. *Case* 5. A boy, aged 13, under the care of Mr. Lawrence, in St. Bartholomew's Hospital, on account of diseased knee-joint. Circular amputation. Recovery. The joint was found to be quite disorganized. *Case* 6. A healthy man, aged 24, under the care of Mr. Hilton, on account of compound and comminuted fracture of the leg from a railway accident. Primary amputation. Death from phlebitis in the fourth week.

Of the Leg.—Case 7. A lad, aged 20, under the care of Mr. Cutler, in St. George's Hospital, on account of extensive disease of the tarsus. He was in good health, and has recovered well. *Case* 8. A man, aged 24, in good health, under Mr. Johnson's care, in St. George's Hospital, on account of diseased tarsus. Is nearly well. *Case* 9. A man, aged 52, under the care of Mr. Cutler, in St. George's Hospital, on account of disease of the os calcis, astragalus, and ankle-joint. Chopart's amputation, on account of disease of the front row of tarsal bones, had been performed a year ago, and the stump had never healed. Circular amputation through the leg. Doing well. *Case* 10. A man, aged 39, in good health, under the care of Mr. Hilton, in Guy's Hospital, on account of crushed foot, from a railway accident. Primary amputation. The man is very ill; will probably sink from pyæmia. He has had numerous secondary abscesses.*

Of the Foot.—Case 11. A woman, in fair health, aged 27, under the care of Mr. Johnson, in St. George's Hospital, on account of diseased tarsus. Amputation at the ankle-joint was performed, the articular surface of tibia being sawn away. No sloughing of the flap followed, and an excellent stump will probably be obtained. Healing is, however, not yet complete, and exfoliation of a spicula of bone is expected. *Case* 12. A woman, aged 25, under the care of Mr. Johnson, in St. George's Hospital, on account of diseased tarsus. She was in feeble health, and the subject of incipient phthisis. Amputation at the ankle-joint was performed. Subsequently, the signs of pyæmia showed themselves, and a large abscess formed in the back. Death on the thirty-sixth day. No secondary deposits were found at the *post-mortem*, but there was a small vomica in the apex of one lung, and scattered tubercles in both.

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* Since the above was in type death has taken place.

Of the Upper Extremity.—Case 13. A lad, aged 17, under the care of Mr. Lawrence, in St. Bartholomew's Hospital, on account of severe injuries to the right forearm. Just enough integument was left to allow of amputation below the elbow. Recovered. *Case* 14. A butcher, aged 26, admitted, under Mr. Lawrence's care, into St. Bartholomew's Hospital, having, whilst cleaving meat, all but severed his own hand through the carpus. The first row of carpal bones was all that required removal to effect an amputation at the wrist-joint. The flap was obtained from the palm. Some sloughing of the flap followed, but the stump is now granulating well. *Case* 15. A man, aged 41, under the care of Mr. Tatum, in St. George's Hospital, on account of extensive injury to the forearm and elbow, from the discharge of a gun close to him. He was a farm-labourer, and in good health. Primary amputation through the upper arm. Sloughing of the stump has since occurred, and, on two occasions, slight attacks of secondary hemorrhage. He is in a critical state.* *Case* 16. A healthy man, aged 52, admitted, under the care of Mr. Birkett, into Guy's Hospital, having sustained a compound fracture of the right humerus, high up, with much laceration of parts. Primary amputation was performed, the articular head of the bone only being left. Secondary hemorrhage followed, and the whole stump took on sloughing. Death occurred on the twelfth day. At the autopsy, the internal viscera were found healthy.

Excisions of Bones and Joints.—Case 1. A girl, aged 6 years, in good health, under the care of Mr. Fergusson, in King's College Hospital, on account of strumous disease of the left elbow-joint. There was much surrounding thickening. The H-shaped incision was adopted, and the whole joint removed. The parts are now (six weeks) nearly healed, but considerable thickening, and some sinuses, still remain.

Case 2. A woman, aged 40, under the care of Mr. Simon, in St. Thomas's Hospital, on account of destructive disease of the elbow-joint. She had suffered much pain, and was greatly emaciated. The whole articulation was excised. Almost immediately after the operation she began to recover her health. The healing progressed well, and, at the end of a month, the wounds were nearly closed, when suddenly they became attacked by phagedæna, which ulcerated rapidly. Under treatment.

Case 3. A girl, aged 17, under the care of Mr. Canton, in the Charing-Cross Hospital, on account of diseased elbow-joint, consequent on a fracture of the olecranon. When admitted, she had just recovered from smallpox, by which the mischief in the joint had been much aggravated. There were several large, superficial ulcers over the joint, from which sinuses passed into its interior. Excision of the whole joint, by the H-shaped incision, was practised. Extensive sloughing of the soft parts occurred on the fourth day, laying open the wound to such a degree, that it was feared amputation would be the only resource. Since then, the process of granulation has gone on most rapidly, and a useful arm is now expected.

Case 4. A woman, aged 22, under the care of Mr. Hancock, in Charing-Cross Hospital, on account of diseased ankle-joint. She was in good health, and, although three open sinuses led into the articulation, yet there did not appear to be any disease of adjacent bones. Excision of the joint was performed. A flap of skin was dissected up from its front aspect; the tendons being uninjured, the ligaments were next divided, and the outer malleolus having been snipped off, the foot was dislocated inwards. The surfaces of the tibia and astragalus were next sawn away, and the parts replaced in apposition. No bad symptom has followed, and the case promises to do remarkably well.

Case 5. A man, aged 28, was admitted, under the care of Mr. Birkett, into Guy's Hospital, in June last, on account of a severe compound fracture of the leg. The limb was so much damaged, that it was not practicable to keep it properly adjusted, and the consequence was that imperfect union, with overlapping, and much deformity, had resulted. On October 16, Mr. Birkett exposed and sawed away the extremities of both bones, and effected a readjustment. The man has since progressed satisfactorily, but the result is yet doubtful.

Case 6. A man, aged 47, under Mr. Fergusson's care, in King's College Hospital, on account of the projection of a fractured extremity of the tibia. The bones had united, but the end projected nearly through the skin. The fracture, which was compound, had occurred nine months before. Mr. Fergusson cut down upon the bone, and sawed away its point. The wound healed well.

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* Since the above was in type death has taken place.

Case 7. A sailor, aged 22, is under the care of Mr. Birkett, in Guy's Hospital, on account of disease of the metatarsal bone of the left great toe. On August 21 about the distal third of the bone, in a carious condition, was cut away. The wound did not heal, and, during the present month, the sesamoid bones, and some adjacent portions in a diseased condition, have been taken away. Under treatment.

Excision of the Breast.—Case 1. A woman, aged 49, under the care of Mr. Shaw, in the Middlesex Hospital, having had the breast removed, on account of scirrhus, in April, 1855. She had remained well for four months after the operation, when a reproduction of the disease took place in the cicatrix. Excision of the returned growth. Doing well. *Case* 2. A woman, aged 52, in feeble health, under the care of Mr. Stanley, in St. Bartholomew's Hospital, on account of a scirrhous growth in the breast, the size of an orange. Excision. Recovery. *Case* 3. A woman, in good health, aged 52, under the care of Mr. Cutler, in St. George's Hospital, on account of scirrhus of the breast, involving the skin. Excision. Recovery. *Case* 4. A married woman, aged 47, under the care of Mr. Birkett, in Guy's Hospital, on account of infiltrating cancer of the whole gland. Ulceration was threatening, and the lymphatics were enlarged. Excision. Recovery. *Case* 5. A healthy married woman, aged 46, under Mr. Birkett's care, in Guy's Hospital. The clavicular lobes were infiltrated with scirrhus. Excision. Recovery. *Case* 6. A healthy married woman, aged 40, under Mr. Birkett's care, in Guy's Hospital. The axillary lobes of the breast were infiltrated with scirrhus. Excision. Recovery. *Case* 7. A healthy married woman, aged 54, under Mr. Birkett's care, in Guy's Hospital. Half the gland was excised, the disease, which was of the infiltrated form, being limited to the axillary lobes. Recovery. *Case* 8. A feeble woman, aged 55, under the care of Mr. G. Borlase Childs, in the Metropolitan Free Hospital, on account of a large, ulcerated scirrhus of the right breast. Excision. Recovery.

Removal of Malignant Tumours.—Case 1. A chimney-sweep, of middle age, under the care of Mr. Stanley, in St. Bartholomew's Hospital, on account of a small, cancerous growth on the scrotum. Excision. Recovery. *Case* 2. A chimney-sweep, aged 32, under the care of Mr. Lane, in St. Mary's Hospital, on account of cancer scroti. Excision. Recovery. *Case* 3. A man, aged 57, under the care of Mr. Fergusson, in King's College Hospital, on account of cancer of the lip, of three years' standing. Excision. Recovery. *Case* 4. A man, aged 70, in good health, under the care of Mr. Hilton, in Guy's Hospital, on account of cancer of the lip, of twelve years' duration. Excision. Recovery. *Case* 5. A woman, aged 40, under the care of Mr. Adams, in the London Hospital, on account of a patch of black deposit, probably melanotic, in the skin, over the right mammary gland. Having increased in spite of treatment by escharotics, the whole was excised. Recovered. *Case* 6. A woman, aged 28, under the care of Mr. Ure, in St. Mary's Hospital, on account of a large tumour, of enchondromatous nature, over the dorsum of the ilium, just above the sciatic notch. It had been noticed three months, but was rapidly increasing. At the patient's desire, an excision was performed. Microscopic examination made it probable that parts of it were of malignant nature. It is now again rapidly growing. A large portion of ilium is exfoliating, and the patient will probably sink.

Removal of Non-Malignant Tumours.—Case 1. A woman, aged 36, in good health, under the care of Mr. Hilton, in Guy's Hospital, on account of a solidified bursa over the patella, the size of a small orange. It had existed for fifteen years. Excision. Recovery. *Case* 2. A woman, aged 26, under Mr. Hilton's care, in Guy's Hospital, on account of a large and indurated bursa over the patella. It had been enlarged for two years, and was the size of an orange. Excision. There has since been much suppuration. The case remains under care. Both in this and the former, the excision was performed by incisions directly over the front of the tumour. *Cases* 3, 4, and 5. In these, fatty tumours of considerable size were removed. All the patients recovered. *Cases* 6 and 7. In these, large sebaceous tumours were removed, and the patients recovered well. *Case* 8. A man, aged 44, under the care of Mr. Lane, in St. Mary's Hospital, on account of fibrous tumours over the tuberosities of the ischia. They had existed seven or eight months, and had been so painful as to prevent him from sitting. One of a similar nature, had a month ago been removed from over the sacrum. Excision. Doing well. *Case* 9. A woman, aged 63, under the care of Mr. Paget, in St. Bartholomew's Hopital, on account of a chronic mammary tumour, the size of a small orange. Excision. Recovery. *Case* 10. A boy, aged 10, under the care of Mr. Quain, in University College Hospital, on account of a large lobulated tumour. He was in good health. The exact nature of this growth it was difficult to determine, but it was probably of glandular origin. Under treatment. *Case* 11. A woman, aged 57, under the care of Mr. Luke, in the London Hospital, on account of a small and exquisitely painful tumour, the size of a filbert, in the areolar tissue of the leg. It was believed to be a neuroma. Excision. Recovery. *Case* 12. A woman, aged 32, married, but sterile, under the care of Mr. Birkett, in Guy's Hospital, on account of a mammary glandular tumour about the size of a small orange. It was removed, and excepting very troublesome abscesses in the breast afterwards, the woman recovered well.—*Ibid*, Nov. 24, 1855.

Laryngotomy and Tracheotomy.—The case mentioned two months ago, as under Mr. Partridge's care, in King's College Hospital, and in which tracheotomy had been performed, on account of the impaction of a button in the larynx, still remains under treatment. The button has not been removed, or, indeed, found, although a bit of string which was attached to it has come away. The child is in good health, and quite comfortable so long as the tube is kept in the trachea, but, on one occasion, in which it had been removed for two hours, death from suffocation all but followed.

Case 1. A male child, aged 16 months, was admitted into the London Hospital one evening, with the statement that, while at breakfast in the morning, it had swallowed a piece of fish, which, at the time, caused symptoms of choking. The mother, at the time, passed her finger into the throat, and, by also beating it on the back, succeeded in obtaining some relief. A surgeon, to whom the child was taken, ordered an emetic, the action of which procured the expulsion of a piece of fish-bone, and almost complete mitigation of symptoms. During the middle of the day the child played about, and, at noon, ate a hearty dinner. Towards evening, however, cough came on, and symptoms of obstruction in the larynx rapidly developed themselves. When admitted, at 7 P. M., he was sunken and much oppressed; the respiration was crowing. An emetic was employed, and afterwards a warm-bath, which giving no relief, Mr. Corner, the House-Surgeon on duty, performed tracheotomy. No blood was lost; and as soon as the tube was introduced, relief to the more urgent symptoms was obtained. An examination, by means of a probe, was made, both of the larynx and the trachea below, but no foreign body could be detected. The child rallied, and about midnight seemed in a favourable condition. A sinapism was ordered to the chest on account of the presence of bronchitic râles. At half-past three in the morning Mr. Corner was summoned, with the account that the breathing had been worse, and, on reaching the ward, found the child dead. No *post-mortem* was permitted; but, by examination through the wound, two pieces of fish-bone were found firmly fixed between the vocal cords.

Case 2. A man, of middle age, under care in St. George's Hospital, had suffered from threatening attacks of suffocative dyspnœa, in connection with chronic disease of the larynx. As a precautionary measure, the larynx was opened after one of these. Mr. Tatum was the operator. The tube was used for a few days, and then removed. The wound has healed, and the breathing is more comfortable.

Case 3. A man, under the care of Mr. M'Murdo, in St. Thomas's Hospital, on account of a bronchocele, by which the trachea had been compressed. To relieve the dyspnœa, laryngotomy was performed. The patient sank twelve hours after the operation; and, at the *post-mortem*, the trachea was found compressed laterally to a mere chink.

Case 4. A man, under care in St. Thomas's Hospital, on account of syphilitic disease of the larynx. He had been under treatment several days, when dyspnœa became so urgent, that tracheotomy was demanded. It was performed by Mr. Ord (House-Surgeon), and produced immediate relief. The man is now (three weeks after the operation) doing well. The tube is still retained, and he is unable to breathe when it is closed.

Case 5. A man, aged 55, was admitted into St. Bartholomew's Hospital, suffering from laryngitis, which threatened suffocation, and which had, from the history, only commenced a few hours before. The urgency of the case rapidly increased, and within a short period of his admission, tracheotomy was decided on. At this time he could not speak, and every minute threatened to be his last. Whilst the preparations for the operation were making, he ceased to breathe, and, although Mr. Lloyd proceeded immediately to its completion, it was not afterwards found practicable to rally him. Artificial respiration was tried. At the autopsy, great œdema of the submucous tissue of the glottis was found.

Operations for Necrosed Bone.—In eight cases, operations for the removal of sequestra, from long bones affected with necrosis, have been performed. In several, large fragments have been removed. All the patients remain under care, and are doing well.

Excision of Nerve.—A man, of middle age, admitted into St. Bartholomew's Hospital, under the care of Mr. Stanley, on account of painful stump. Amputation, by flaps, just below the elbow, had been performed fifteen years before, and for the last year he had suffered much pain in one part of the stump. Mr. Stanley excised a bulbous extremity of a nerve from the part affected. The pain has been wholly removed, and the wound is healing.

Trephining for Abscess in Bone.—*Case* 1. An Irish labourer, aged 28, admitted into the London Hospital, under the care of Mr. Critchett, having for several years suffered from severe pain in the upper part of the right tibia. The pain had been extremely severe, and had evidently worn down the general health; it had, however, had occasional remissions. He had been under care at several hospitals. The tibia was felt and seen to be generally enlarged, for about three inches below its tubercle; there was increased heat of the part, but not much redness. Great tenderness on firm pressure. Having diagnosed abscess in the bone, Mr. Critchett performed the operation of trephining over the most painful spot. A disk of hardened bone having been removed, about half an ounce of thick, creamy pus, without odour, welled up. The cavity did not contain any loose or bare bone, but was lined throughout by villous granulations. The pain has wholly ceased since the operation, but the cavity is not yet filled up.

Case 2. A girl, aged 10, under Mr. Stanley's care, in St. Bartholomew's Hospital, with diseased tibia. Necrosis was believed to exist, and the abscess had already opened itself externally. A large opening, 4 inches long, was made, but no dead bone was found, the disease being merely abscess in the cancellous tissue. The parts were rapidly filling up.

Case 3. A young man, under the care of Mr. Quain, in University College Hospital, on account of chronic inflammation of the whole radius, the result of injury. He had suffered much pain, and had been subjected to long treatment by leeches, blistering, iodide of potassium, and mercurials. The bone was much enlarged. Mr. Quain employed the trephine in three different places, but no abscess was found. The patient has since continued to suffer much from pain and from spasmodic contraction of the fingers. It is proposed to amputate.

Operations for Ununited Fracture.—In a case of ununited fracture of the femur, under the care of Mr. Erichsen, in University College Hospital, a second operation, by the introduction of ivory pegs, has been performed. The first was about eight months ago, when a peg was put into the upper fragment. On the present occasion, the lower one was treated in the same manner.

A case of ununited fracture of both bones of the leg, mentioned in our reports six months ago, remains under the care of Mr. Critchett, in the London Hospital. It is hoped that consolidation is taking place.

Operations for Urethral Stricture.—*Cose* 1. A man, aged 23, in very bad health, for years the subject of stricture, perineal fistula, etc., was admitted under the care of Mr. Paget, into St. Bartholomew's Hospital. Having succeeded in dilating the urethra until it would admit a sound, Mr. Paget performed perineal section on a Symes's staff (No. 2). The perineum having been freely divided in the median line, a gristly stricture, an inch and a half long, from the membranous portion forwards, was cut through. A No. 8 silver catheter was afterwards retained. The man has done well, and the wound is healing.

Case 2. In an old man, under the care of Mr. Erichsen, in University College Hospital, internal section of a stricture has been performed. Ricord's instrument was employed. Under treatment.

Case 3. A man, aged 27, under the care of Mr. Fergusson, in King's College Hospital, having suffered from stricture, consequent on gonorrhœa, for eight months. Four months before admission, he had an attack of retention, which ended in extravasation, and extensive abscesses in the perineum. No instruments had been used prior to his admission. He was a pale, unhealthy-looking man, by trade a smith, and residing at Ipswich. Most of his urine passed by a fistulous opening into the rectum, but there were several other fistulæ in the perineum. None escaped by the penis, except now and then an involuntary dribbling. Mr. Fergusson failed many times in his attempts to introduce a catheter, but at length succeeded in forcing a No. 3, having a groove in its convexity, on which perineal section of the stricture was subsequently performed. A No. 8 silver instrument was afterwards passed and retained. The man did well, with the exception of a rigor, and much feverishness on the fourth day, from which he remained ill several days following. The instrument has been several times changed, and is now laid aside. The wound is healing.

Case 4. A man, aged 62, under the care of Mr. Henry Thompson, in the Marylebone Infirmary, on account of a very old stricture. There were several fistulæ passing through the scrotum, and one opening in the pubes, through which most of the urine escaped. He had passed no water by the meatus for eight years. The deformity of the parts was very great, the scrotum being puckered up by the fistulæ passing through it. After much trouble, dilatation up to No. 5 was accomplished. On October 16, the stricture was divided on a grooved staff, and the fistulæ freely laid open, the scrotum being thus divided into two lateral halves. A No. 8 silver catheter was afterwards retained. The progress of the case has been satisfactory, and the wounds are healing well.

Plastic Operations.—*Case* 1. A girl, aged 18, under Mr. Fergusson's care, in King's College Hospital, on account of cleft of the posterior half of the soft palate. Twelve years ago, the edges had been cauterized, but no benefit was obtained. Mr. Fergusson pared the edges, and united them by sutures. The anterior part healed, but the lower part again separated. *Case* 2. An infant, aged 10 days, under the care of Mr. Cock, in Guy's Hospital, on account of fissure in the palate, and widely gaping single harelip. The usual operation was performed with success. *Case* 3. A girl, aged 4, under Mr. Birkett's care, in Guy's Hospital, on account of the contracted cicatrix of a burn in the neck. The cicatrix was divided, but the result has not been satisfactory. *Case* 4. A woman, aged 43, under the care of Mr. Baker Brown, in St. Mary's Hospital, on account of vaginal cystocele. The usual operation was performed. Erysipelas set in on the third day, but subsided under treatment. On the ninth day, she was taken by rather sudden collapse, and died. No post-mortem permitted. *Case* 5. A woman, under the care of Mr. Baker Brown, on account of ruptured perineum and vesico-vaginal fistula. The perineum has been successfully united by the usual operation, but the fistula remains for further treatment. *Case* 6. A man, aged 25, under the care of Mr. Henry, in the Middlesex Hospital, on account of fungous protrusion of the testis. The fungus was the size of a hen's egg. The edges of the skin were dissected up, pared, and united. The wound partly healed, but the testis still partly protrudes.

Operation for Pulsating Nævus.—A child, aged 18 months, under the care of Mr. Hutchinson, at the Metropolitan Free Hospital, on account of a subcutaneous erectile tumour in the right lower eyelid and cheek. It had existed from birth, but was increasing in size so much, as by dragging down the lids to almost close the eye. It had been under treatment at several other hospitals. The skin was not affected, except in having one or two tortuous veins. The pulsation was feeble, and though very distinct, could scarcely be felt. The tumour could only be partially emptied by pressure, and rapidly refilled when the compression was removed. The operation consisted in carrying a curved incision the whole length of the lid, about an inch below its edge, and then dissecting up the flap of skin. By means of an aneurism-needle, ligatures were next passed beneath the parts from which the tumour seemed to derive its vascular supply. Its adhesions having then been torn through in various directions with a blunt instrument, large parts of it were cut away. The bleeding was easily checked. No secondary hemorrhage occurred, and the wound has healed well, leaving of course, for the present, a large scar. The tumour proved to consist, in part, of dilated tortuous veins, in part of true erectile tissue, and in part of lobules of fibrous tissue containing fat.

Removal of Exostosis.—A boy, aged 10, under the care of Mr. Cock, in Guy's Hospital, on account of an exostosis, the size of a finger tip, growing from the first phalanx of the great toe. It was cut away with a strong bladed knife. The wound has healed. —*Medical Times and Gazette*, Nov. 17 and 24, and Dec. 1.

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Lecture on Tracheotomy in the Last Stage of Croup. By A. TROUSSEAU. (Translated by Dr. BEYLARD.)—The operation of tracheotomy in the last stage of croup, honourably brought forward by my master, Dr. Bretonneau, and practised by him for the first time with success, was introduced by me in Paris, when it counted indeed but a single cure, and it is easy to imagine what struggles I have had to encounter in propagating and forcing into the province of ordinary therapeutics, so strange and unknown a practice.

It is singular, but not the less true, that surgery has placed the most formidable obstacles in my way; and even at the present time, with the exception of Dr. Guersant, most surgeons dislike this operation, certainly not from the want of sufficient skill to accomplish it well, but because they are not sure of a satisfactory proportion of cures.

In certain European countries, and in England particularly, tracheotomy in cases of croup is still so isolated an operation, that in all Great Britain it is not so much practised as in Paris alone.

I have often asked myself the reason of so much repugnance, and I find it in this completely false idea, viz: that tracheotomy in the last stage of croup is rarely successful Unfortunately, when there is a question of surgical operation, much faith is placed in the opinion of surgeons of high repute; and if these eminent men speak of their own operations, invoking their own experience, they have so many failures to relate that their discouragement overshadows the mind of their readers.

Now, if men like Dr. Bretonneau and myself, who have only practised medicine, wish to oppose the most eminent surgeons, what authority could we invoke? Our surgical experience, which we do not endeavour to dissimulate, is known, and our partiality with regard to an operation which we continue to recommend, *perhaps* obstinately, is mistrusted.

I am firmly decided, for my part, not to be discouraged, but to advocate tracheotomy with so much the more conviction as the proportion of successful cases increase; and if that proportion remained even as it was ten years ago, I would still proclaim the necessity of tracheotomy, and I would not cease to uphold it as a duty, a duty as imperious for a surgeon as the ligature of the carotid artery after a wound of that vessel, even if death followed the operation as often as the cure.

Here are the results of my operations for tracheotomy during the year 1854: I operated on nine children. Of these, two died, while seven were cured, and are now living in perfect health.

Certainly, the proportion of cured is not always so great; still, if I make the sum total of the operations I have performed in the last four years, I find twenty-four operations and fourteen cures, equivalent to more than half.

At the Hôpital des Enfans Malades, in the last five years, the proportion of cures has been nearly a quarter. Here are the official numbers, viz:—

1850 .	20	operations .	6	cures,	about 1-3d.
1851 .	31	"	. 12	"	more than 1-3d.
1852 .	59	"	. 11	"	less than 1-5th.
1853 .	61	"	. 7	"	only 1-9th.
1854 .	44	"	. 11	"	only 1-4th.
Total,	215	"	47	"	about 1-4th.

This result is considerable, if we remember the social condition of the children who are brought to the hospital, the deplorable treatment they are subjected to by "sage-femmes," quacks, etc.; in a word, those persons the poor generally consult in preference to doctors. We should bear in mind, too, the unfavourable condition of the hospital, where the children operated upon are placed in the midst of the most varied and fatal contagion; so much so, that often when the operation for tracheotomy is succeeding as well as could be desired, the scarlet fever, measles, smallpox, or hooping-cough, cause the most fearful complications.

I do not doubt that half the operations performed out of hospital are successful, always provided tracheotomy takes place when the chances of cure are possible.

This restriction is important; for, if the diphtheritic infection is thoroughly rooted in the system, if the skin, and particularly the cavities of the nose, are invaded by this special phlegmasia; if the quickness of the pulse, delirium, prostration, indicate a profound poison, and if the danger is rather in the general state than in the local lesion of the larynx or of the trachea, certainly the operation should not be tried, for it is invariably fatal; when, however, the local lesion constitutes the principal danger of the disease, no matter at what degree asphyxia has arrived, even if the child has but a few moments to live, tracheotomy succeeds invariably, as well as though it had been tried three or four hours sooner.

Tracheotomy is performed by opening the trachea, and the trachea only. Many practitioners insist upon opening, at the same time, the crico-thyroidean region, including the cricoid cartilage and the two first rings of the trachea. It suffices to reflect only for an instant to see that, in so doing, we necessarily penetrate into the larynx itself, and if, as it often happens, the canula remains several days in the wound, there arises a partial necrosis of the cricoid cartilage, and even of the thyroid cartilage, which may become a source of the most serious ulterior symptoms; besides, there may result an incurable alteration of the voice. Therefore, it is necessary to open the trachea, and the trachea only.

The method of operation varies. The most brilliant is that described by Heister (*Institut. Chirurg.*, 2 part. 3, cap. 102, No. IV. p. 722). It consists in penetrating at once into the trachea with a trochar, which is immediately withdrawn, the canula remaining in the wound. Van Swieten prefers the slow and continued operation. The system of operation imagined by my much-regretted friend, Auguste Bérard, resembles the method just indicated, rather than that advised by Heister. He finds the position of the trachea, fixes the tube between the index and medius, and thrusts the bistoury just below the cricoid cartilage, when the whistling of the air proves that he has entered the trachea; he then lengthens the incision below, opening three or four rings of the trachea, introduces rapidly the "dilatateur," and places his canula—the operation of a minute. But frightful hemorrhage proved to Bérard that the quickest was not always the best method, and in the latter years of his life, he upheld the common and more sure operation in preference to a more rapid one.

Dr. Paul Guersant had equally adopted the method I call expeditious; but he promptly acknowledged the dangers, and now, although he operates more quickly and better than any of us who are not surgeons, still, he proceeds deliberately, and with sufficient precaution to avoid those serious results which all men eminent in the practice of surgery have acknowledged and proclaimed. I insist the more upon the necessity of making an incision through the successive layers of tissue, separating the vessels and the muscles with the blunt erigna, laying bare the trachea before opening it. As tracheotomy will become the most common of surgical operations, and will, in consequence, be practised oftener by physicians than surgeons, let the patient beware, if a man ignorant of surgery does not feel himself in duty bound to be *too* slow in his operation. I have never seen precaution the cause of an accident, and often have I witnessed the difficulties and dangers of tracheotomy *too* quickly performed, even by the hand of a skilful operator.

I have mentioned above the necessity of having the proper instruments. These are, a straight or convex bistoury, a blunt bistoury, a dilater (or instrument to dilate the trachea), two blunt erignæ (the latter can easily be replaced by two wires or two bent pins); finally, a double canula, the diameter of which should be sufficiently large, and never too large, provided the instrument enters freely into the trachea. The double canula is absolutely necessary; and truly, when we see in what language Van Swieten (*Comment.*, t. ii., p. 528) insists upon the necessity of a double tube, and cites, for authority, the English author, Martins, we ask how this precept has been forgotten, and how, in spite of the recommendation of Dr. Bretonneau, who, in his earliest operations, used the unbent double canula, we have ourselves remained several years without using it?

Of these instruments, the most indispensable are the ordinary bistoury, the erigna, the dilater, and the double canula. I once lost a patient during the operation: the child was treated by my honourable brother physician, Dr. Barth. I came to the consultation without knowing the disease in question, and found the child dying. Dr. Barth had a canula and bistoury. I could not separate the vessels as I wished. I had no dilater. I felt a long time before entering into the trachea, while the blood flowed in great quantity in the bronchus, and suffocated the child, which certainly would not have happened had I had a dilater, which would have permitted me to penetrate immediately into the trachea. When once we have penetrated into the windpipe, no matter by what means, let the operation be more or less skilful, more or less rapid, still, the position is the same, provided we avoid hemorrhages—for the loss of blood has a serious influence on the results of the operation.

There now remains the treatment—a question entirely medical, of so much importance, that it will henceforth be dominant. With regard to the treatment, while some invariably lose all their patients, others save more than half. I should be wrong to speak of the intervening treatment alone; great importance should be attached to that mode which the patient has already undergone. Let us confess at once, since it is the truth, that, in our days, physicians are happily convinced that general medicatives and revulsives are perfectly useless; the result is, that they do not weaken their little patients by cupping or bleeding. I am, for my part, well convinced, that if I have been more successful for several years past, it is to be attributed as much to the good direction given to treatment by my fellow practitioners, as to the method I have followed.

The operation once performed, the first duty of the practitioner is to see to the nourishment; that remedy above all essential in most acute maladies, and particularly so in diseases of children. Certainly, abstinence, prescribed by Broussais, and ordered by those practitioners who still cling to the old school, and who keep up the prejudices of their early medical education, is one of the most pernicious helpers of disease; it is the best means of prolonging the infection of the system, and the surest way of facilitating the absorption of exterior miasma and vicious excretions formed by the malady; the surest opponent of that resistance which is the chief aid of convalescence and ultimate cure.

Now, I do not mean that we must fall into the opposite extreme, that we must overfeed the little patients; I only say, that we should satisfy the appetite, if they have any, and even force them to eat, if they show too much repugnance to food. Do not hesitate in employing intimidation; in this case often have I assumed the air of severity, and obliged the child to eat, thus preparing the way to a cure I otherwise judged impossible. Milk, eggs, custards, chocolate, and soups, are the aliments I most insist on. What I have here urged, sufficiently indicates that I most formally proscribe the continuation of those means judged more or less useful before the operation, viz: calomel, alum, emetics, and purges, which are not compatible with the nourishment I advise.

I need not add, that the application of blisters would be pernicious, inasmuch as they would establish a new surface when the specific inflammation would break out, and thus occasion a fatal absorption, which must be avoided at any risk.

When this happens, as it often does, after blisters have been applied, we must, as soon as possible, dress the wound with extract of rhatany or Goulard's cerate, or else rub it with nitrate of silver, if diphtheritic concretions already cover the skin which has so uselessly been laid bare.

I now come to the details of dressing, to which I seem to attach so much importance; but the older I grow, the more I am convinced, that in medicine, the minutiæ hold a much more considerable place than is generally supposed. Great care must be taken in placing between the skin and canula a round piece of oiled silk, or India-rubber, in order to prevent the sides of the canula, and the strings which attach it, from irritating the wound.

The patients must be taught to remove and replace the internal canula, which is to be cleaned every two or three hours.

The child's neck must be enveloped in a knitted, woollen scarf, or large piece of muslin, so that he breathes in through the tissue which covers the neck, and inhales the warm air impregnated with the moisture furnished by the breath. This precept is excellent; we thus avoid the drying of the cavity of the canula and of the trachea; we prevent the irritation of the mucous membrane and the formation of hard scabs, analogous to those which form in the cavities of the nose of persons attacked with coryza, scabs which, detaching themselves in complete tubes, or in fragments of tubes, cause terrible fits of suffocation, and sometimes even death, by the occlusion of the canula.

Before Dr. Guersant and I had adopted

this method, we lost numbers of patients by catarrhal pneumonia, and now the result is much less frequent. It is very probable that the introduction of hot and moist air into the bronchi is quite a favourable condition. There is still a practice, without which the cure is rare; I refer to the cauterization of the wound. The first four days the whole surface of the incision should be vigorously rubbed with nitrate of silver once a day; thus we avoid a serious result. I mean the diphtheritic infection of the wound, which covers itself with thick and fetid false membranes. A specific inflammation seizes the surrounding cellular tissue, and developing often a bad species of phlegmonous erysipelas, which becomes the occasion of local gangrene, and, at last, of a violent symptomatic fever, and of a general infection almost always fatal. The fifth day, the surface of the wound is so modified, that the results above indicated are no longer to be feared. There now remains a last and very delicate part of the treatment, to which I wish to call attention for an instant —I refer to the removal of the canula, and the definite occlusion of the wound. We must establish the fact, that the sooner the canula is removed the better. This can rarely be done before the sixth day, as it is seldom necessary to scar it later than the tenth. However, there are cases when the larynx remains completely shut during fifteen, twenty, and even forty-four days, as I saw in the case of a young girl eventually cured.

At the end of the first week we must remove the canula, taking great care not to frighten the child, or make it cry. The poor little sufferers are so accustomed to breathe with ease by artificial means, that when the canula is removed, in order to facilitate the passage of the air through the larynx, they are seized with excessive fear, expressed by agitation, cries, and, in consequence, there is an acceleration of the breathing. The larynx is still a little obstructed, either by false membranes, by mucus, or by a slight tumefaction of the membrane; and then, perhaps, the laryngeal muscles have lost the habit of contracting in harmony with the wants of the respiration. There often results great difficulty from this circumstance. This difficulty disappears well enough in the great number of cases, if we succeed in tranquillizing the little patient: this is the province of the mother rather than the practitioner. The wound is closed with short strips of court-plaster. If the sound of the cough or the respiration, or the nature of the voice indicate that the opening of the larynx is sufficiently large, we leave the dressing there; but if the air only pass in insufficient quantity, the plaster must be put on; the wound should only be covered with linen and simple cerate, and we wait the next day before closing the wound; if the air do not pass at all, then, we replace the canula, and, two or three days later, make the attempt again.

So soon as the respiration proceeds well, notwithstanding the occlusion of the wound, we should renew the dressing two or three times a day; ordinarily, the opening of the trachea is shut in four or five days; then only remains the exterior wound, which we dress with linen, and which, in its turn, soon heals.

There is a serious difficulty which I have remarked to physicians for a long time, and to which Dr. Archambault has recently called attention, I mean that of swallowing. This difficulty consists in the passage of liquids through the glottis; each effort the patient makes to drink is followed by a violent and convulsive cough, and the liquids, which penetrate into the trachea and the bronchi, flow in abundance by the opening of the canula. Besides the serious inconvenience which may follow from the contact of food with the mucous membrane of the bronchi, there particularly results an insurmountable disgust, and children often die of hunger, in preference to taking their nourishment. So often this complication has been the cause of death after tracheotomy, that I have made great efforts to find a remedy. The best method is to forbid liquid food. I give to children very thick soup, vermicelli with milk, or with beef-broth, so thick as to be eaten with a fork rather than a spoon, hard-boiled eggs, eggs with milk, occasionally meat in large pieces, and I forbid all drink. If thirst is too ardent, I recommend pure cold water, and I am careful to administer it either long after eating, or immediately before, in order to prevent vomiting. I should remark, however, that the difficulty of which I speak scarcely manifests itself before three or four days after the operation, and that it lasts rarely longer than ten or twelve days. Nevertheless, I have seen it persist much longer with some children.

It would seem that the larynx, which is so open to receive drinks and liquid aliments, should suffice also for the passage of the air necessary for the purposes of respiration; this is not the case, however. If we remove the canula, we perceive that the opening is still insufficient, and even some days later, when we are able to close the wound with court-plaster, these difficulties continue with the same violence.

It is almost impossible to discover the cause of this. Dr. Archambault holds that the child, who has breathed by the canula for some days, loses the habit of freely using those muscles which serve for the occlusion of the larynx, and those which push the food into the œsophagus, and he highly approves the following ingenious method, which consists in momentarily closing the canula with the finger, whilst the patient swallows; thus the child is obliged to use its larynx, and the normal harmony af its organ is reestablished.

This little stratagem succeeds well in some cases, but in others it completely fails, and what I have said above proves it; since even when the canula is removed, and the wound is completely closed, yet the difficulty of deglutition continues, although the breathing through the larynx may be perfectly free and regular.

So much for tracheotomy and the means which lead to its success. I have written here nothing which I have not already said and repeated in the periodical journals, and in my lectures at the school of medicine; but often, the commonest things are precisely those which we most neglect, which we the soonest forget, minutiæ which we recall to those who are led astray by extraordinary and brilliant operations.—*Med. Times and Gaz.*, Jan. 5, 1856.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Ovum in Ovo.—E. A. Flewellen, M. D., of Thomaston, Ga., sends us the following example of this, as an addition to those noticed in our numbers for Nov. 1855, and Feb. 1856:—

In the summer of 1854, a goose egg, somewhat remarkable in size and form, was broken, in presence of several persons, to see its contents. It was found to contain the ordinary yolk and albumen, and *another egg*, about the size of a hen's egg, with a firm and complete calcareous covering, and *unattached* to the outer shell. I perforated each end of the inclosed egg, and, on emptying it of its contents, found that it too contained a yolk and albumen.

The inner, and most of the outer shell, are still in my possession.

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Medical Society of East Tennessee.—A society, with this title, was organized at Knoxville in October last, and the following gentlemen elected officers: *President*, Dr. John J. Moorman. *Vice-Presidents*, Drs. R. H. Hodsden and Sam'l Pride. *Rec. Sec.*, Dr. O. F. Hill. *Cor. Sec.*, Dr. F. A. Ramsey. *Treasurer*, Dr. John L. Atlee.

The code of ethics of the American Medical Association was adopted for the government of the members, and the *Southern Journal* of the Medical and Physical Sciences was adopted as the organ of the Society.

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American Pharmaceutical Association.—This useful association held its fourth annual meeting, in New York, on the 11th, 12th, and 13th of September last. After transacting a variety of business, it adjourned to meet in Baltimore on the second Tuesday of September, 1856.

The record of their proceedings has been published in a neat pamphlet, comprising, in addition to the minutes of the meeting, an appendix which contains reports of committees on standards for drugs; on the subject of home adulterations; whether any and what amendments are required to the law regulating the importation of drugs and medicines, to render it more efficient, uniform, and advantageous, to the public at large; also an interesting essay, by Ed. S. Wayne, of Cincinnati, on the Growth and Production of Wines in the West, and on Catawba Brandy and Tartar; a paper, by A. P. Sharp, on the Strength of Commercial Muriatic and Nitric Acids, and Alcohol; the report of the Executive Committee; the constitution of the Association; list of officers and members, &c.

We observe that the Association offer two prizes:—

1st. *Twenty-three Volumes of the American Journal of Pharmacy.*

For the best essay which shall develop the commercial history of all drugs indigenous to the United States, as Senega, Spigelia, Serpentaria, &c., as regards the manner and places of their collection and preparation for the supply of commerce, the amount annually collected, and the channels through which they enter general commerce.

2d. Six Volumes of Gmelin's Hand-Book of Chemistry.

For the best essay on any question relating specially to Pharmacy.

Committee of Judges.—Charles Ellis and William Procter, Jr.

All essays contributed for the prizes must be delivered free of charge to Charles Ellis, Philadelphia, on or before the second Tuesday in August, 1856.

Naval Medical Board.—A Board of Naval Surgeons will be convened at the Naval Asylum, Philadelphia, on the 1st of March, 1856, for the examination of assistant surgeons for promotion, and of candidates for admission into the medical corps of the Navy.

The following officers will compose the Board:—

President.—Surgeon James M. Greene.

Members.—Surgeons Samuel Barrington and John M. Foltz, and Passed Assistant Surgeon Joseph Wilson, *Recording Secretary.*

The Cincinnati Medical Observer.—This is the title of a new monthly journal, published in Cincinnati, and edited by Dr. G. Mendenhall, J. A. Murphy, and E. B. Stevens, the two former, professors in Miami Medical College. The characters of the editors afford sufficient guarantees that it will be guided by sound ethical principles, and we wish it all the success it merits.

American Medical Association.—The ninth annual meeting of the American Medical Association will be held in the city of Detroit, Michigan, on Tuesday, May 6th, 1856.

The secretaries of all societies and other bodies entitled to representation in the Association, are requested to forward to the undersigned correct lists of their respective delegations, *as soon as they may be appointed;* and it is *earnestly* desired by the Committee of Arrangements, that the appointments be made at as early a period as possible.

The following extracts are from Article 2d of the Constitution:—

"Each local society shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half this number.

"The Faculty of every regularly constituted medical college or chartered school of medicine, shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital, containing a hundred patients or more, shall have the privilege of sending two delegates; and every other permanently organized medical institution, of good standing, shall have the privilege of sending one delegate.

"Delegates, representing the medical staff of the United States Army and Navy, shall be appointed by the Chiefs of the Army and Navy Medical Bureau. The number of delegates so appointed shall be four from the army medical officers, and an equal number from the navy medical officers."

The latter clause, in relation to delegates from the army and navy, was adopted as an amendment to the Constitution, at the meeting of the Association held in New York, in May, 1853.

Medical Journals, &c., please copy.

WILLIAM BRODIE, M.D.,
One of the Secretaries.

DETROIT, Mich.

University of Michigan—a Professorship of Homœopathy.—At a sitting of the Supreme Court of the State of Michigan, in this city (Detroit), January 22d, 1855: Present, a full bench:

A motion was made by C. I. Walker, for the issuing of an alternative *mandamus* compelling the Board of Regents of the University to appoint a Professor of Homœopathy according to the act of the Legislature, creating the chair, or to show cause why the same is not done.

The case is held under advisement, and also for further authorities in the case.

☞ Since writing the above, we are informed that a *mandamus* has been granted. —*Peninsular Journal of Med.*, Feb. 1856.

Libel Suit in Michigan.—The *Peninsular Journal of Med.* for Feb. last, contains a report of a trial in an action for slander. "The plaintiff or prosecutor in this cause," say the editors, "is one of those hybrids, extruded from the archetypical standard of normal existences, which, without awaiting the period of natural development by the process of gestation, spring full grown into being, on the illicit conjunction of two such bi-sexuous hermaphrodites as Hydropathy and Homœopathy. The first known of him here, was during the blighting influence of cholera, when he emerged from a Wine and Beer Hall, a full length Homœo-Hydropath, making very good headway before a wet sheet, filled with a divine afflatus from the spirit of old Hahnemann.

"The defendant is an honorable member of the profession, admired for his intelligence, respected for his social amenity, and esteemed by his medical associates for the frankness and uprightness of his deportment."

The jury returned a verdict for plaintiff, finding $300 damages.

Verily, quackery seems to be getting the ascendency in Michigan.

FOREIGN INTELLIGENCE.

Therapeutic Properties of Ioduret of Gluten.—Two specimens of this substance were exhibited by M. Gagnage, at a meeting of the Academy of Sciences in July, 1854, but, at that time, the subject was not referred to a committee, as the method of preparing the compound was not then given. M. Gagnage has now, however, communicated the formula for its preparation, along with the result of his experiments, made with the view of ascertaining its mode of action. The most important properties he ascribes to it is that of promoting the assimilation of the iron contained in the food, and which, in certain diseased conditions, is imperfectly or not at all assimilated. On analysis of the alvine evacuations in chlorosis, he asserts that the quantity of iron found in them is much greater than exists in a state of health, and that, under the influence of suitable treatment, during which the ioduret of gluten is administered, this increased proportion gradually diminishes to the normal standard.

The communication has been handed over for inquiry to a committee, composed of MM. Pelouze, Andral, and C. L. Bernard.—*Gaz. Med.*, June 16, 1855.

Closure of the Burial Grounds in London. Dr. Letheby, the medical officer of the city of London, in his report, made to the City Commissioner of Sewers (Jan. 8th, 1856), states: "In concluding my report for the last quarter, I must not omit to state that through your influence the last of the city graveyards has been permanently closed. (Applause.) This is matter for congratulation, for, at the commencement of the year 1853, there were sixty-five burial grounds in the city of London. These, together with the vaults of the attached churches, received nearly a thousand corpses annually; but now, at the close of the year 1855, I have the satisfaction to inform you that all of these churchyards are permanently closed. You have, therefore, relieved the city from one of the most prolific sources of pestilential disease."—*Med. Times and Gaz.*, Jan. 12.

Suicide by Swallowing a Red-Hot Poker.—On Sunday evening, December 23, at 10 o'clock, a man, in the prime of life, but whose appearance betokened poverty and misery, entered the Grantham Arms, Dyer Street, Leeds, and having called for a pipe, sat down moodily by the fire. Two or three persons were sitting in the room, but the stranger was not heard to speak a word. After sitting thus for ten minutes, the man put a poker into the fire, and when it had become red hot, took it out, and knocked it against the floor to remove any excrescence on it. He then deliberately put the red-hot end of the poker down his throat. The persons present caught hold of him, and having removed the poker from his possession, bathed his mouth with warm water. The man was ultimately removed to the Mendicity office, where every attention was shown him; and, in answer to inquiries as to the cause of the rash act, he only replied that it was a very foolish act, and he did not know what he was doing. His tongue, throat, and under lip, were very much burnt, from the effects of which he died last Friday. The only information that can be gained about the deceased is, that his name is Thomas Barker, and that he came from Bolton, in Lancashire. An inquest was held on the body at the Court House, last Saturday, before John Blackburn, Esq., when a verdict was returned—"That Thomas Barker died from the effect of the burns which he had wilfully caused on himself: but there was no evidence to satisfy the jury as to the state of his mind."—*Leeds Mercury.—Med. Times and Gaz.*, Jan. 26.

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Death from Chloroform.—We are informed by Dr. RUTHERFORD, that a death took place in the town of Kelso, on the afternoon of Monday, the 14th instant, after the administration of chloroform to a patient whose leg it was found necessary to amputate.—*Med. Times and Gaz.*, Jan. 26.

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The Three Phases of a Surgeon's Professional Life.—M. VELPEAU, who, besides being an eminent surgeon, is an excellent and extremely witty speaker, introduced the other day, in his speech on the Use of Setons, at the Academy of Medicine, the following sketch, which our readers will certainly thank us for translating: "In my professional career, there have been, as is the case with most medical men, three successive phases. The first, very short, during which, relying on the teaching of my masters, I readily accepted as the type of truth, and without much controlling scrutiny, what I had been taught. In the second period, that in which the ardour of youth had full scope, I examined more closely into facts, and began to try and strike into new paths, without much minding what I was upsetting in my progress. (At that time, I had strong doubts as to the efficacy of issues and setons, and it would be easy to quote passages from my writings against these therapeutical means.) At last came the third period, when a man begins to commune with himself, looks into the mass of facts which he has collected, and endeavours to test the value of what he has observed, without neglecting the teachings of those who for several centuries have gone before him. The result is, that I am now less averse to issues and setons than I was some years ago."—*Ibid.*

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Swabbing the Larynx.—At a very interesting and highly instructive meeting of the Pathological Society of London, held one evening last week, a very practical discussion was elicited as to the value of nitrate of silver applied in solution topically to the larynx in cases of severe cough, hoarseness, and irritation of those parts, with the Mrs. Glass sort of corollary—whether we can ever, in point of fact, catch the sponge at all in the larynx? or whether it slips out of its latitude and longitude into the œsophagus? Dr. Quain, the excellent and ever-active secretary, presented a pathological specimen of a diseased larynx recently removed from a patient at Brompton Hospital; from which it would seem that at least in some forms of phthisical disease *above* the vocal cords, if not below this part, the sponge or its contents will be found, undoubtedly, to make its way, and act very beneficially. "Swabbing the larynx" does not sound very classically; yet it was of extreme interest to find some of our best men present—Dr. Bence Jones, Dr. Watson, Mr. Erichsen, Dr. Risdon Bennett, Mr. Arnott, Dr. Peacock—who had all seen more or less of the thing. In London, it may be not unimportant to remark, we have men of a very extensive creed, who profess to cure almost all the evils to which flesh (at least pulmonary or bronchitic flesh) is heir by swabbing out the bronchus of the right or left side, as the case may be, with nitrate of silver; and forty or fifty unhappy children of a morning, at half-a-guinea a piece, is not an uncommon thing for one séance, who are all brought with hooping-cough or bronchitis to be swabbed out, and their disease "rectified" by nitrate of silver. Many of these cases, we know, end in laryngitis and death; but if they get worse, then the disease is beyond cure—if they get better, then the "sponge," in spite of the legitimate doctors, has cured them. Mr. Erichsen, who has given the matter considerable attention, said he did not believe the sponge got beyond the chink of the glottis. Dr. Quain thought, in several instances at Brompton, it did. As to its value in some cases of relaxation of the uvula and vocal cords, there seemed no difference of opinion; but whether, as Dr. Horace Green of America represents, it got beyond the vocal chords, the majority seemed to agree with Mr. Erichsen; while Dr. Peacock and Dr. Risdon Bennett thought it very fortunate it did not get into the trachea, for the mischief it already seemed to do in irritable lungs was something enormous. Some historic friend having unluckily referred to its being an old invention, and nothing new under the sun, once adopted by Sir Charles Bell, the president (Mr. Arnott) said he remembered he had been asked by Sir

Charles Bell to do it for him at the Middlesex Hospital, but they never dreamed of going beyond the fauces and upper part of the larynx—a point also corroborated by Dr. Watson, as he also remembered what Sir Charles Bell thought about it. Sir Charles Bell, we need hardly say, was nothing of a practitioner, though his one physiological discovery leaves his name a household word to us all for all time. Dr. Pollock created some amusement by saying he had seen Dr. Green, this tall American, offer to try the experiment at Brompton, and, very quietly, after he had got the sponge *somewhere*, ask, "now take your choice, which shall I put it into, the right lung or the left." This little sally seemed to cap the climax of the absurdity of the swabbing process, and we shall probably hear no more about it.—*Dublin Med. Press*, Jan. 20, 1856.

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Alleged Cure for Hydrophobia.—M. Guerin Meneville lately brought before the French Academy of Sciences a means of curing hydrophobia, which, he stated, is practised in Russia with success. A little insect, the golden cetonides, found in considerable quantities on rose trees, is proved, when pounded to a powder, and administered internally, to produce a profound sleep, which sometimes lasts for thirty-six hours, and which has the effect, in many cases, of completely nullifying the hydrophobic affection. A distinguished entomologist of Russia, M. Motschouski, has tried several experiments with this insect, and in most cases with success.—*Lancet*, Feb. 2, 1856.

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American Arctic Expedition.—At the meeting of the Royal Geographical Society on Monday, Admiral Beechey presiding, an interesting communication was read, from Dr. Kane, relative to his Arctic expedition in search of Sir John Franklin and his crew, to the Secretary of the United States Navy. After some discussion, in which the greatest praise was given to Dr. Kane and his gallant companions, a wish was expressed by Captain Osborne, that when the war concludes, efforts may yet be made to find the bones of Captain Franklin and his crew, and do honour to their remains. The meeting concluded with the somewhat unusual demonstration in a scientific society, of three cheers for Dr. Kane and his party, and three cheers for those enterprising men who fitted out the expedition.—*Med. Times and Gaz.*, Jan. 19, 1856.

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Lectures by Liebig.—The first of a winter course of Lectures on Animal Chemistry has been delivered by Professor Liebig, in which he replied to the theory of phosphorescence of the brain originating thought and will, as advocated by Molscholt, Voigt, &c., and showed that, by like reasoning, the bones should be much better sources of motive power.—*Lancet*, Feb. 9, 1856.

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Dr. Brown-Sequard.—We are pleased to learn that the Academy of Sciences of France has awarded the prize of "Experimental Physiology" to Dr. Brown-Sequard, for his Researches on the Physiology of the Spinal Cord.

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Typhus Fever.—This disease is committing great ravages at Vienna. As many as 12,000 cases have occurred.

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Prof. Oppolzer at Warsaw.—Prof. Oppolzer has been sent for from Vienna to Warsaw, in order to treat Prince Paskiewitsch, who, notwithstanding he is an enemy to all doctors, was so taken with the Professor that he desired him to prolong his stay. Oppolzer has diagnosed a perforating ulcer of the stomach, and the prognosis is rendered still worse by the fact of the existence of a large, painful carbuncle in the spinal region. The Professor, it is said, receives 2,400 francs per diem, all the expenses of his journey, and residence being defrayed. Moreover, crowds of the inhabitants of Warsaw consult him.—*Ibid.*

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Cholera in Austria.—Between the 1st of May and 15th of November, 549,000 persons had the cholera in the Austrian empire. Of these 288,030 recovered, 230,861 died, and 30,208 were still under medical treatment.

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Cholera in Berlin. 1855.—Although the cholera which manifested itself in Berlin, in 1855, did not take in a very great extension, the proportion of deaths was unusually large. There were in all 2,172 cases, 787 persons recovering, and 1,385 dying.—*Ibid.*

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Cholera at Madrid.—*La Seminario* gives the number of cases at Madrid as 5,501, with 3,697 deaths. The Queen of Spain, desirous of recognizing, as far as the state of the treasury allows of it, the great sacrifices made by the profession, has allocated 50 dollars a year to each of the widows of those practitioners who have died during their attendance on cholera patients.

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Statistics of Mortality in Paris in 1854. The number of deaths in Paris, in 1854, was 40,968, and 24,969 of them took place in private houses, 13,896 in hospitals, 1,582 in military ditto, 227 in prisons; 293 were registered at the Morgue, and 1 was an execution. Of the total, 20,348 were females, and 20,620 males. Notwithstanding the frequent recommendations of vaccination, not fewer than 802 of the deaths were caused by smallpox. As regards the latter disease, the mayors of Paris have published a notice recommending the poorer classes of the capital to get their children vaccinated, adding, that "no man or woman can receive assistance of any kind unless they can show that their children have been vaccinated, and are sent regularly to school."

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Population of France.—The *Annuaire du Bureau des Longitudes* gives the following statistical particulars relating to the population of France: "The annual average of boys to girls in legitimate births is as 17 to 16; while with illegitimate children the proportion is 26 males to 25 females. There still is found 1 illegitimate birth to 13 legitimate ones. The annual number of deaths of males is greater by one-seventieth than that of females. The mean annual increase of population is 156,333, or the 212th part of the whole. The population increases one-tenth in 20 years, two-tenths in 39 years, three-tenths in 56 years, four-tenths in 72 years, and one-half in 86 years. Were this progression to continue, the population would be doubled in 148 years. There is annually one birth to every 34 inhabitants, or 100 births to 84 deaths. There is one death to every 40 inhabitants, and one marriage to every 128. The average duration of life is at present 37 years and 7-10ths. Before 1789 it was only 28¾."—*Lancet*, Jan. 12, 1856.

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Liberal Bequest.—The late Mr. Copeland, of London, has left the munificent sum of twenty-five thousand dollars to the Society for the relief of Widows and Orphans of Medical Men.

OBITUARY RECORD.—M. MARTIN SOLON, long known and highly respected at Paris as a most worthy and talented hospital physician, died lately in the neighbourhood of the French capital, after several years' suffering. This excellent and unfortunate member of our profession was seized with a severe and incurable affection, when, by his exertions, talent, and integrity, he had reached the highest rank to which medical men can attain amongst our neighbours. Just at the time when he might reasonably expect to reap the benefit of incessant labour and perseverance, he was compelled to relinquish appointments, practice, learned societies, and the cultivation of medical science, and retire to a village near Paris, where, after several years of great suffering, he died in very reduced circumstances, surrounded by a *very small circle of friends.* M. MARTIN SOLON was physician to the Hôtel Dieu, member of the Academy of Medicine, and author of several works of great merit, especially the one on Albuminuria. We should not omit to state that the lamented deceased bore his trials with the most exemplary fortitude. The complaint under which he laboured was confirmed gout, which had thickened and distorted almost all his joints, and reduced him to a miserable cripple. A feature of the liveliest interest in this melancholy case is the fact that M. MARTIN SOLON joined very eagerly at the foundation of the Parisian Benevolent Medical Society. Surrounded by success and prosperity, he was anxious to exert himself on behalf of his less fortunate brethren. He little dreamed, while making his generous efforts, that this very Society would, a few short years after its formation, come to the assistance of one of its founders, and that that person should be the then hale, hearty, and successful MARTIN SOLON. Let this be a warning to those who have not as yet stepped forward and joined our own excellent benevolent associations. The Medical Society of the Parisian hospitals, of which the deceased was a member, also contributed to relieve his distress.—*Lancet*, February 9, 1856.

—— M. ERNEST CLOQUET, physician, since 1846, to the Shah of Persia, has lately perished, after excruciating sufferings, from taking by mistake a large dose of tincture of cantharides. He was married, not long since, to an Armenian lady.

THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

Statistical Report of the Principal Operations performed in the London Hospitals during the month of November, 1855.

Lithotomy.—Case 4 of last report (Mr. Borlase Childs') has since resulted in recovery.

Number of cases, 9; recovered, 7; died, 3.

Case 1. A healthy boy, aged 8, under the care of Mr. Moore. in the Middlesex. A stone, weighing ʒiij, was removed, and good recovery followed. *Case* 2. A boy, aged nearly 3, in fair health, under the care of Mr. Canton, in the Charing-Cross. Two stones, the size of nuts, were removed. Recovered well. *Case* 3. A healthy man, aged 58, from the country, under the care of Mr. Birkett, in Guy's. The stone was believed to be very large, and the bladder being very irritable, lithotrity was not tried. A large lithic acid calculus was removed, and, excepting a very slight hemorrhage on the sixth day, recovery without a drawback followed. *Case* 4. A healthy boy, aged 9, under the care of Mr. Birkett, in Guy's, having suffered from stone for five or six years. A lithic acid stone removed. Recovery without a bad symptom. *Case* 5. A healthy boy, aged 7, under the care of Mr. Solly, in St. Thomas's. The usual operation. Well in three weeks. *Case* 6. A healthy boy, aged 5, under the care of Mr. Simon, in St. Thomas's. Recovered well. *Case* 7. A boy, aged 8, in fair health, under the care of Mr. Prescott Hewett, in St. George's, having suffered from stone for six years. Three stones, consisting of lithic acid, coated with phosphates, and about the size of large marbles, were removed. Recovered well. *Case* 8. A feeble man, aged 58, under the care of Mr. Erichsen, in University College. Three years before Mr. Erichsen had performed lithotomy, and had subsequently much trouble in procuring the closure of a fistula which remained. The man had continued without symptoms of stone for two years and a half after the operation, and he had suffered nothing indicative of renal calculus. The

Published monthly by BLANCHARD & LEA, Philadelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage to the subscriber.*

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cicatrix being dense and hard, Mr. Erichsen did not incline to again make the incisions on the left side, and he determined to perform the urethral operation, recently known as Allarton's. This was done, and a small stone removed. Owing to the adhesions between the bladder and rectum, the latter was slightly wounded in the incisions. The man did fairly for some time, but subsequently sank, and died on the twelfth day. The autopsy showed extensive disorganization of both kidneys from old disease, and some recent pyelitis. In the pelvis of one kidney were a large number of calculi. The parts about the urethra and bladder were not inflamed, but the bladder itself contained a small stone which had possibly passed down the ureter subsequent to the operation. The prostatic urethra, which, according to the theory of the operation, should have been dilated merely, was lacerated in several parts. (The specimens have been exhibited by Mr. Erichsen before the Pathological Society.) *Case* 9. A lad, aged 13, apparently in good health, but accustomed to drink spirits, under the care of Mr. Adams, in the London. Symptoms of stone had existed for some years. The usual operation was performed, and a large, oval stone removed. On the day following, the boy had a rigor, and much tenderness over the hypogastrium. Leeches and opium were used. Subsequently, the signs of peritonitis were very ill marked. Death took place on the sixth day. The autopsy showed the bladder, and parts concerned in the incision, in a healthy condition. Both kidneys were much reduced in size by the cicatrices consequent on former disease. There was universal peritonitis, which was least marked in the pelvic cavity, and most so about the liver, etc. In the latter region, a thick layer of soft lymph covered the viscera. *Case* 10. A man, aged 61, in tolerable health, under the care of Mr. Coulson, in St. Mary's. Lithotrity was proposed, but the stone being found to be large, and the bladder very irritable, was not proceeded with. Symptoms had existed two years, and for two months past had been very severe. The usual lateral operation was performed, but, owing to the size of the stone, it was found necessary to incise both sides of the prostate, and also to further enlarge the external wound. A lithotrite was used by the wound, but neither with it, nor with the forceps, could the stone be broken. After a little delay, a large, oval stone, weighing nearly four ounces, and measuring two inches and three-quarters across, was extracted. A laceration of the rectum having occurred in the removal, Mr. Coulson adopted the practice of laying the whole open into the wound. Stimuli were freely given afterwards, and with good effect. During the first week the man did well, but subsequently an attack of diarrhœa occurred, from which he sank on the tenth day. At the autopsy was found, as had been expected, extensive disease of the heart. The parts concerned in the incisions were in a good condition, and the capsule of the prostate was entire. The middle lobe of the prostate was enlarged, and its whole structure was extremely hard and rigid, its width being also unusually narrow.

Lithotrity.—A boy, aged 10, is under Mr. Curling's care, in the London, on whom during the past two months, repeated lithotrity operations have been performed. The fragments of a stone, at least the size of a nutmeg, consisting of phosphatic crust and a mulberry nucleus, have been passed, and with no bad symptoms. On several occasions, a fragment has been impacted in the urethra for a time, but incisions have never been necessary. It is believed that the bladder is now free, as the last few soundings have detected nothing.

Lithotomy in the Female.—A woman, aged 26, was admitted, under the care of Mr. Erichsen, into University College. She had had some symptoms of stone from childhood, but the presence of one was not suspected until, during her confinement, its large size was found to be a hinderance to the passage of the child's head. Craniotomy was necessary to delivery. After the confinement great irritation of the bladder followed, and the woman sank into a feeble state. The operation for its removal was performed three weeks after it. Lithotomy, by free incision into the vagina, was the plan selected, and a large, oval stone was easily removed. The stone measured 3¼ inches by 2½. After the operation, she remained for some time extremely weak; subsequently she rallied somewhat, but death from exhaustion occurred on the eighth day. At the autopsy, the wound was found in a healthy condition. Both ureters were much dilated, and the left kidney had been quite destroyed by old disease.

Herniotomy.—*Cases* 6, 7, and 8, left under treatment by last month's report, have resulted in recovery. In *Case* 5, the bowel subsequently gave way into the wound, and an artificial anus resulted. Death from peritonitis followed on the nineteenth day.

Number of cases, 9; recovered, 3; under treatment, 4; died, 2.

Case 1. A woman, aged 50, under the care of Mr. Stanley, in St. Bartholomew's. Hernia femoral, size of a walnut; strangulated forty-eight hours; sac not opened. Recovered. *Case* 2. A man, aged 69, under the care of Mr. Solly, in St. Thomas's. Hernia inguinal; strangulated two days; sac not opened. Recovered. *Case* 3. A man, aged 49, under the care of Mr. Ure, in St. Mary's. He had been liable to scrotal hernia for twenty years. The gut had been down for three days, and had been irreducible, but the symptoms of strangulation had not been present. When admitted, the tumour was not tender, nor was there any material constitutional disturbance. A fair trial of taxis, with the aid of warm baths, opium, etc., having been made without result, it was determined to operate. The sac having been opened, a portion of the colon was found firmly adherent to its lower part. The adhesions having been separated, reduction was effected without division of the stricture. The man recovered well. *Case* 4. A woman, aged 51, under the care of Mr. Quain, in University College. Hernia femoral; strangulated two days; sac opened. The sac contained much serum, and a portion of gut, of a dark-brown colour. Doing well. *Case* 5. A woman, aged 32, the subject of phthisis, under the care of Mr. Quain, in University College. Hernia femoral; strangulated two days; sac opened. A small portion of gut, much congested, and adherent to the sac, was found. Doing well. *Case* 6. A woman, aged 44, under the care of Mr. Erichsen, in University College. Hernia femoral; strangulated thirty-six hours; sac not opened. Doing well. *Case* 7. A man, aged 56, a porter, was admitted, under the care of Mr. Adams, into the London. The subject of hernia for many years, he had yet never worn a truss. On October 17, he had a fall from some steps, after which he found his hernia of considerable size, irreducible, and in great pain. Whether or not it was down at the time of the accident, he did not know. Soon afterwards vomiting occurred, and the symptoms becoming aggravated during the night, he sought admission next morning. He then complained of great pain in the tumour; vomited often; had an anxious countenance, and quick, feeble pulse. The hernia was a large scrotal one, on the right side; it had distinct impulses on coughing, and might be somewhat diminished in size by steady application of pressure, but returned immediately to its former dimensions when the hand was removed. Mr. Curling and Mr. Ward saw him, and ordered leeches to the part and full doses of opium. When Mr. Adams visited him a few hours later, the symptoms were nowise relieved, and it was determined to operate. The parts between the skin and the sac were found much thickened and bruised. The sac having been carefully opened, a quantity of adherent small intestine was exposed. In attempting to separate these adhesions the gut gave way, and feculent matters escaped. The neck of the sac being quite firm, nothing further was done, the bowel being left *in situ*. Feces afterwards passed from the wound. The man's condition was very low, but, under the free administration of nutrient stimuli, he soon began to rally. On November 3, the daily use of nutrient enemata was commenced, and, on the 9th, for the first time, a feculent motion was passed per anum. The wound has since healed, excepting a fistula entering directly into the gut, through which as yet free escape of feces takes place. *Case* 8. A man, aged 64, under the care of Mr. Johnson, in St. George's. Hernia femoral, strangulated five days. The sac was opened, and the gut was found in a gangrenous condition, so soft that it broke down during handling. The man died a few hours after the operation. *Case* 9. A woman, aged 70, hernia femoral, strangulated forty hours: sac not opened. The wound healed, but the patient died six weeks after the operation, with symptoms of acute peritonitis. The gut was found to have given way above a scar which had been left by the sloughing of the strangulated portion.

Amputations.—Of the five cases left under treatment by last month's report, three have recovered, and two remain under care.

Number of cases, 17; recovered, 6; under treatment, 4; died, 7.

Of the Thigh.—*Case* 1. A boy, aged 9, in fair health, under the care of Mr. Cock, in Guy's, on account of disease of the knee, of three years' duration. Amputation in lower third. Recovery. *Case* 2. A man, aged 34, admitted six months ago into St. George's, under the care of Mr. Hawkins, on account of compound fracture of the leg. Erysipelas followed, and disease of the knee-joint resulted. At length it became necessary to amputate. Recovered. *Case* 3. A lad, aged 19, under the care of Mr. Hawkins, in St. George's, on account of diseased knee. Amputation. Doing well. *Case* 4. A man, aged 39, under the care of Mr. Prescott Huett, in St. George's, on account of injury to the thigh from the ramrod of a small cannon. The bone had been shattered, and the femoral vessels torn; much blood had been lost. Primary amputation. Doing well. *Case* 5. A lad, aged 6, in good health, under the care of Mr. Adams, in the London, having had his left leg crushed by a wagon wheel. Primary circular amputation in lower third. The stump is now healed, excepting in the centre where the bone projects. Exfoliation will have to take place. *Case* 6. A woman, in fair health, under the care of Mr. Coulson, in St. Mary's, on account of anchylosis of the knee in a contracted position, the result of old disease. The amputation was performed solely for the removal of an encumbrance. For three weeks she made good progress, and the stump was fast healing. Subsequently she sank into a typhoid state, and death occurred at the end of a month. There were no indications of pyæmia. *Case* 7. A woman, aged 29, under the care of Mr. Ure, in St. Mary's, on account of diseased knee. She had refused amputation for some time, and was, at the time she consented, extremely reduced by pain, suppuration, and diarrhœa. Almost no blood was lost during the operation, but exhaustion continued afterwards, and death took place on the second day. *Case* 8. A man, aged 29, hectic and very ill, under the care of Mr. Canton, in the Charing-Cross, on account of diseased knee. After the operation, symptoms of acute phthisis developed themselves. The stump, which had nearly healed, reopened, and the bone protruded. Death from exhaustion occurred in the sixth week. No autopsy.

Of the Leg.—Case 9. A man, aged 30, under the care of Mr. Ure, in St. Mary's. Amputation at the ankle-joint had been performed eight months ago, and the stump being nearly healed at the end of four months, he left the hospital. Subsequently the stump reopened, and there being disease of the bones, it was determined to amputate in the lower third of the leg. Doing well. *Case* 10. A woman, aged 36, under Mr. Paget's care in St. Bartholomew's, on account of ulceration over an old and baldly united fracture. The fracture occurred eleven years ago, and for three years the ulcer had been unhealed. She was of intemperate habits, but in fair health. After the amputation, she was threatened with delirium tremens, but at length made a good recovery. *Case* 11. A man, aged 27, under Mr. Poland's care in Guy's, on account of compound fracture of the leg. Primary amputation in lower third. Death on the fourth day. At the autopsy, there was found a laceration of the liver, and separation of the sacrum, from both iliac bones, with separation also of the symphysis pubis.

Of the Foot.—Case 12. A seaman, aged 19, in good health, under the care of Mr. Busk, in the *Dreadnaught*, on account of disease of tarsus and metatarsus of right foot. Pirogoff's amputation, at the ankle-joint, was performed, the posterior third of the os calcis being left, and turned up into apposition with the cut end of the tibia. The articular surface of the tibia and the two malleoli were sawn away. The bones fitted well. At present (two months after the stump is a good and firm one, and almost entirely healed. No exfoliation has occurred, or is expected, but there was for a few weeks troublesome suppuration among the tendons of the peroneal and tibial muscles. The stump gives a leg about three-fourths of an inch shorter than the other. The man is now able to walk about. *Case* 13. A woman, aged 25, under the care of Mr. Johnson, in St. George's on account of diseased tarsus. She was the subject of incipient phthisis, and much out of health. Syme's amputation at the ankle-joint was performed, the malleoli and articular surface of tibia being sawn away. Erysipelas followed, and subsequently an abscess formed in the cellular tissue of the back. Death from exhaustion (pyæmia?) took place on the thirty sixth day. The autopsy did not show any secondary deposits, but there was a vomica in one lung, and many scattered tubercles. *Case* 14. A man, aged 45, in tolerably good health, under the care of Mr. Fergusson, in King's College, on account of diseased tarsus. Syme's amputation at the ankle-joint was performed. Three-fourths of the flap sloughed away, and the man sank from exhaustion on the fifteenth day.

Of the Upper Extremity.—Case 15. A lad, aged 15, of good health, under the care of Mr. Hancock, in Charing-Cross, on account of severely crushed arm. Primary amputation at the shoulder-joint. The lad was in collapse from most profuse hemorrhage, and sank three hours after the operation. Chloroform was given. By the use of brandy, he had rallied a little just before the amputation. The accident had occurred in a powder explosion, and had been attended by much shock. *Case* 16. A man, aged 22, consumptive and exhausted, under the care of Mr. Paget, in St. Bartholomew's, on account of diseased carpus. Free incisions had been practised some months before, but, the disease advancing, it was decided to amputate through the forearm. The man continued very feeble after the operation, and when he left the hospital the stump was not healed. *Case* 17. A healthy lad, aged 17, under the care of Mr. Lloyd, in St. Bartholomew's, having had his hand smashed by the bursting of a pistol. Primary circular amputation just above the wrist. Recovery without a bad symptom.

Ligature of Arteries.—Mr. Lane's case in St. Mary's, reported last month, is doing well. The ligature came away on the forty-fifth day.

Case 1. A man, aged 37, under Mr. Fergusson's care, in King's College Hospital, on account of aneurism of the left common femoral artery. Ligature of the external iliac. Death from pleurisy on the eighth day. (For detailed report, see *Medical Times and Gazette* for Dec. 8, page 567.)

Cases 2 and 3. In these the radial was tied for wound; both did well.

Case 4. A man, aged 35, under care in the London, on account of wound of the radial artery. Mr. Corner (House-Surgeon) enlarged the wound, and tied both ends of the vessel. The man subsequently died from erysipelas of the thigh, attended by delirium tremens. The wound in the forearm was very unhealthy, but there had been no bleeding.

Cases 5, 6, and 7. In two of these the radial, and in one the ulnar, artery was tied on account of wounds. All have done well.

Tracheotomy.—Case 1. A boy, aged 12, under care in a medical ward in the London, on account of phthisis, became affected with inflammatory œdema of the glottis. In a state of very perilous dyspnœa, and when he appeared to be fast sinking, tracheotomy was performed by Mr. Corner, the House-Surgeon. Immediate and great relief was obtained, but death from exhaustion occurred on the third day afterwards. The autopsy showed extensive œdema of the glottis, pharynx, and soft palate, and much tuberculous disorganization of the lungs. *Case* 2. A child, aged 2, under Dr. Jenner's care, in the Children's Hospital, on account of croup. The dyspnœa becoming urgent, tracheotomy was performed by Mr. Athol Johnson. Considerable relief was obtained, but, on the third day, the child sank from bronchitis.

Operations for Stricture, etc.—Case 1. A man, aged 35, was admitted into St. Thomas's, under the care of Mr. Macmurdo. Symptoms of stricture had been present for only three weeks. Complete retention of urine had existed for twenty-four hours. Catheterism had been attempted by a surgeon without success, much bleeding having been caused. The man's sufferings were, in spite of the opium which had been given, severe and urgent. Mr. Macmurdo made a patient trial with No. 4, and again repeated it while the man was faint in a warm bath. No success being obtained, and the bladder being distended, it was determined to operate. A catheter having been passed down to the stricture, an incision was made upon its point, and carried on into the urethra beyond, through the strictured part. This done, an instrument was passed from the wound into the bladder, and subsequently through the whole length of the urethra into the bladder. Only about six ounces of urine escaped, the reason why the whole contents of the bladder could not be drawn off not being evident. In the evening, an attack of bleeding made it necessary to plug the wound. By the injection of warm water into the bladder, a free escape of urine was procured. The man remained in the hospital a month, and left with the wound quite healed, and the urethra admitting No. 8 readily. He had had no bad symptoms.

Case 2. A man, aged 29, on whom, in January last, puncture of the bladder by the rectum was performed, on account of impassable stricture, was again admitted, under the care of Mr. Birkett, into Guy's, on November 9. He was suffering from retention of urine, but after the use of opium, warm bath, etc., was somewhat relieved. On the following day retention was, however, again complete, and a perineal abscess was forming. Mr. Birkett succeeded in introducing a small catheter, on which he cut down into the perineum, and divided the stricture. The stricture was in the bulbous tract. The man had not a bad symptom after the operation, and is now convalescent.

Case 3. An intemperate and very dissolute man, aged 23, under the care of Mr. Cock, in Guy's, on account of stricture, which had existed two years. He was in bad health. The stricture was very tight, and had been for some time an impermeable one. Mr. Cock at length succeeded in passing through it a small grooved staff, (Syme's,) upon which perineal section was performed. There were no fistula, and had never been any perineal abscess, but the man had been under much instrumental treatment, and there was reason to suspect false passages. In the operation, the stricture was found long, and very hard. It was completely cut through, and a full-sized flexible catheter was afterwards retained for about twelve hours. There was no material bleeding. The man did fairly for some days, but, subsequently, an abscess formed in the back, and all the symptoms of pyæmia supervened. Death took place on the eighteenth day. No autopsy was permitted. The wound was in a healthy state.

Case 4. A healthy man, aged 35, under the care of Mr. Hutchinson, in the Metropolitan Free. He had been for eight years almost constantly under surgical treatment, on account of a stricture, about three inches from the meatus. No difficulty had ever been encountered in dilating, and, by a few months' treatment, it had generally been found practicable to get it to admit a No. 8. The peculiar feature of the case had been, however, the inveterate tendency of the stricture to recontract as soon as the daily use of instruments was omitted, a month's interval being generally sufficient for it to regain its former state. The stream of urine was, at the time of admission, about the size of a knitting-needle, and with great difficulty, a No. 2 steel instrument was passed through. Division of the stricture by external incision, anterior to the scrotum, was performed. After the most anterior one had been divided, a second, not nearly so tight, was found about an inch further down, and it, too, was divided from the original wound. A tract of urethra, about an inch and a half long, was thus slit up, the wound in the scrotum being not more than half an inch. The man had no ill symptoms afterwards, and left the hospital on the tenth day. He is now, at the end of a month, able to pass a No. 10 with the greatest ease, and the wound is very nearly closed.

Operation for Ruptured Urethra.—A man, aged 56, was admitted, under Mr. South's care, into St. Thomas's, suffering from retention of urine, consequent on a kick from a horse on the perineum. The retention had been complete for twenty-four hours. There was no extravasation. The catheter, when introduced, always passed out of the median line in the bulbous tract, and it was evident that the urethra was there lacerated. Mr. South made an incision on to the end of the catheter in the perineum, and having easily found the distal portion of the canal, guided the instrument on into the bladder. The catheter was retained for a few days. The man had not a bad symptom, and left the hospital with the wound soundly healed.

Incisions for Extravasation of Urine.—*Case* 1. A man, aged 48, was admitted into St. Bartholomew's, under the care of Mr. Stanley, on account of extravasation of urine, of twelve days' duration. The swelling of the parts had increased very gradually, but it had now become extreme, the scrotum being the size of a cocoa-nut, the perineum tense, and the tumefaction extending on the right side over the walls of the abdomen. The bladder reached nearly to the umbilicus. The constitutional distress was not so great as might have been expected. Symptoms of stricture had existed for three or four years previously, and for two months there had been incontinence of urine. Mr. Stanley made numerous and very free incisions into the distended parts. In one part, the cellular tissue was so deeply disorganized as to allow the finger to reach the triangular ligament. No attempt was made to find the urethra, or to introduce a catheter. For two or three days, the man remained drowsy from absorption of urine, but subsequently recovered extremely well. A No. 9 catheter now passes easily.

Case 2. A man, aged 45, the subject of stricture for some years, was admitted, under the care of Mr. Birkett, into Guy's. He was suffering from extravasation of urine, urinary abscesses, etc., and had also some fistulous openings in front of the scrotum. Free incisions were practised, and a large quantity of purulent urine evacuated. The man recovered well, and the incision and the fistulæ all healed. The urethra now seems free.

Puncture of the Bladder.—A man, aged 58, under the care of Mr Thompson, in the Marylebone, with impassable stricture and numerous urinary fistulæ in the scrotum. The scrotum and perineum were swollen and indurated. No urine passed by the meatus. The swelling about the scrotum and perineum increasing, and the man suffering much pain and distress, Mr. Thompson determined to puncture the bladder by the rectum. The operation gave great relief. At the time of report, no attempt at catheterism had been made, the parts being too much inflamed. From the extreme induration of the parts, it would probably have been found impracticable to divide the stricture by cutting down on the end of a catheter.

Excision of Bones and Joints.—*Case* 1. A very strumous lad, aged 18, under the care of Mr. Cock, in Guy's, on account of disease of the metacarpal bones of the left hand. Amputation through the forearm had been recommended in the Margate Hospital. The wrist-joint was sound. Mr. Cock removed by incision into the back of the hand the cuneiform and magnum bones with the carpal two-thirds of the shafts of the metacarpal bones of the little and ring fingers. The metacarpal bones required division by forceps, the others were loose, and all were in a state of carious ulceration. The hand improved considerably in its condition after the operation, and, although subsequently it has been necessary to remove the cuneiform also, yet the wrist itself remains unaffected, and hopes are entertained of saving a useful member. *Case* 2. A strumous boy, aged 14, under the care of Mr. Brook, in the Westminster. The posterior half of the os calcis in a state of necrosis was excised, and the tendo-Achillis subsequently divided. Under treatment.

Removal of Non-Malignant Tumours.—*Case* 1. A healthy married woman, under Mr. Birkett's care, in Guy's, on account of a tumour in the breast, which had been observed two months. It was excised, and found to be a cyst with numerous intra-cystic growths. The gland itself was not removed. The wound quickly healed. *Cases* 2, 3, 4, and 5. Fatty tumours of considerable size. In all, the wounds healed well. *Case* 5. A woman, aged 44, under Mr. Cock's care, in Guy's, on account of an enormous mass of warts, involving the perineum and vulva. Excision. Recovery. *Case* 6. A woman, aged 30, under the care of Mr. Fergusson, in King's College, on account of an epulis, the size of a walnut, growing from the alveolus of the upper jaw. Excision. Recovery.

Excision of the Body of the Scapula.—A man, aged 30, small and spare, was admitted into St. Thomas's, under the care of Mr. South, on account of a broadish tumour, about the size of an orange, but flattened, which appeared to grow from the body of the scapula occupying its infra-spinal fossa. He had formerly been treated in Paris for syphilitic nodes, and, some years ago, he had received an injury to the shoulder now affected. The tumour he had noticed only for six weeks, and it was rapidly increasing. There was also a small, movable tumour behind the clavicle on the same side. The opinion being that the disease was malignant and originating in the bone, excision of the whole was determined upon. This Mr. South performed in the following manner: A curved incision having been carried from the acromion to the lower angle of the bone, the flap of skin was dissected up. A spatula was now passed under the neck of the bone, which was next sawn through just below the base of the acromion. The whole body of the bone thus separated was dissected out, and, subsequently, several portions of diseased growth found in the adjacent soft parts were also removed. The man did well after the operation, the parts granulating freely. He has now left the hospital, the wound being all but healed. The tumour was found, after removal, to consist of several quite distinct masses, some of which were firmly attached to the periosteum, but most of which were connected with the muscles only. The bone itself was not diseased. Opinions differed as to the real nature of the growth. Mr. Busk, to whom it was submitted for examination, reported it of the nature of osteo-sarcoma, at points passing into soft cancer, while Dr. Bristowe and Mr. Sydney Jones, who examined it under appointment of the Pathological Society, could discover only the elements of "fibroid tissue." Since the operation, the secondary tumour behind the clavicle has disappeared, and the man's health has somewhat improved.

Removal of Exostosis.—A lad, under the care of Mr. Holt, in the Westminster, on account of an exostosis, the size of a walnut, growing from the upper part of the humerus just below the attachment of the capsular ligament. Excision. Doing well.

Removal of Malignant Growths.—*Case* 1. A woman, aged 66, under care in St. Bartholomew's, on account of an epithelial cancer on the heel, the size of a five-shilling piece. Excision was practised, and the sore slowly healed. *Case* 2. A woman, aged 21, under care in St. Bartholomew's, on account of a tumour in front of the thigh. It was excised, and found to be of medullary structure. The wound has healed, but the inguinal glands are enlarged. *Case* 3. A man, aged 68, under the care of Mr. Clark, in St. Thomas's, on account of epithelial cancer of the lip. Excision. Recovery. *Case* 4. A woman, aged 46, under Mr. Cock's care, in Guy's, on account of a large, epithelial cancer, involving the whole left labium. The sore had a foul surface and ragged edges, much resembling, in appearance, a chimney-sweep's cancer. It had existed for one year. The entire labium was cut away, and the sore quickly healed. *Case* 5. A man, under the care of Mr. Fergusson, in King's College, on account of cancerous gland in the neck. A cancerous ulcer in the lip had been removed in October. Excision of the gland. Recovery. *Case* 6. A woman, aged 38, under Mr. Lloyd's care, in St. Bartholomew's, on account of a hard, painful, movable tumour in the left buttock, which had commenced three years before. It was about the size of a small egg, and was situated near the tuber ischii, having ill-defined borders, but unconnected with muscle. In other parts of the body were several similar masses of much smaller size. After excision, it was found to be of cancerous nature. The wound healed slowly. *Case* 7. A man, aged 40, under Mr. Fergusson's care, on account of a malignant polypus in the nose. It was removed on November 3, but is again increasing.

See "Excision of the Body of the Scapula," "Excision of the Breast," "Excision of the Testis."

Excision of the Breast.—*Case* 1. A woman, aged 38, under the care of Mr. Fergusson, in King's College, on account of scirrhus of the breast. Excision. Doing well. *Case* 2. A woman, in fair health, under the care of Mr. Skey, in St. Bartholomew's. The right breast, and an enlarged axillary gland, were removed on account of scirrhous cancer. The wound healed by granulation. *Case* 3. A woman, aged 65, under Mr. Tatum's care, in St. George's, on account of scirrhus of the breast. Excision. Under treatment. *Case* 4. A woman, aged 34, under Mr. Quain's care, in University College, on account of an encephaloid tumour in the breast. It had existed seven months, but had grown very rapidly during the last few weeks. Excision. Doing well. *Case* 5. A woman, aged 40, under Mr. Erichsen's care, in University College, on account of a small, scirrhous tumour in the breast, which had been growing for five years. Excision. Doing well. *Case* 6. A woman, aged 67, under Mr. Cock's care, in Guy's, on account of scirrhus of the right breast. There was also a mass of cancerous lymphatics in the axilla. Her health was good, and the disease was known to have existed for five years. The whole left breast had been excised by Mr. Key twenty years ago, on account of cancer, and the cicatrix had remained perfectly sound ever since. Mr. Cock removed the breast, but did not attempt to excise the glands from the axilla, on account of their deep adhesions. *Case* 7. A woman, aged 44, under Mr. Solly's care, in St. Thomas's, on account of a large, ulcerated scirrhus of the breast. The operation was performed merely for the sake of getting rid of a large, painful, and sloughing mass of disease. It was not possible to leave any skin for a covering to the wound, which latter has been left to granulate. Very great relief has been obtained by the operation. The disease has, however, since made its appearance in the axillary lymphatics, and there is also a hard tumour in the liver. Under treatment.

Excision of the Testis.—A sallow, cachectic man, aged 37, under the care of Mr. Simon, in St. Thomas's, on account of enlargement of the right testis to the size of an orange. The disease had existed fifteen months, and had the characters of soft cancer. Excision was performed, and the disease was found to be medullary cancer, complicated with cholesteatoma. The wound is fast healing by granulation.

Gastrotomy.—A case in which gastrotomy was performed, occurred in the Children's Hospital, some months ago, and was accidentally omitted from our list. The patient, a child, aged 2, was under the care of Dr. Jenner. Symptoms of obstruction had existed for some days, and no relief had been obtained by treatment. The operation was performed by Mr. Athol Johnson. An incision having been made in the median line, the intestines were exposed, and a large portion of the smaller bowel found in a state of intussusception. The adhesions were, however, too complete to admit of reduction. Death followed in a few hours.

Operations of Necrosed Bone.—Important operations for the removal of necrosed portions of bone have been performed in 12 cases, under care in the different hospitals. In all instances, the patients are doing well. (Several of the cases are of great interest, but our space does not permit of the insertion of our details.)

Ligature of Nævus.—The ligature of nævi in the usual method upon needles, has been performed in 8 cases, in all with success. In a ninth case, an infant at the breast, aged 5 months, was under the care of Mr. Athol Johnson, at the Hospital for Sick Children, on account of a very large nævus over the breast. It was limited to the skin, but had a diameter of three inches. It was ligatured in four parts, without the aid of pins. The wound left by its sloughing was very large, but healed kindly.

Plastic Operations.—*Case* 1. A man, under the care of Mr. Erichsen, on account of an opening into the trachea, the result of a cut throat two months before. A flap of skin was transplanted for its closure. The man left with the wound nearly healed. *Cases* 2, 3, and 4. In these, the usual operations were performed for ruptured perineum by Mr. Baker Brown, in St. Mary's. Two of them have proved successful, and the third is under treatment. *Case* 5. A woman, aged 45, under Mr. Brown's care, for vaginal rectocele. The usual operation was successfully performed. *Case* 6. A woman, aged 28, under Mr. Pollock's care, in St. George's, on account of vesico-vaginal fistula. Several operations had been performed before, all resulting in some benefit. A contraction of the orifice, but not a perfect closure, was procured by the present operation. *Case* 7. A woman, under the care of Dr. West and Mr. Paget, in St. Bartholomew's, on account of a large vesico-vaginal fistula. The edges were pared, and then united by suture, but no union followed — *Med. Times and Gaz.*, Jan. 5th and 12th, 1856.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Suits for Mal-Practice.—In a recent number of the *Boston Med. and Surgical Journal* (March 13th), we find a notice of a case of mal-practice, tried in January last, in the Supreme Court of Massachusetts, before Judge Bigelow. The history of the case is as follows: M. L. Noyes, of Acton, while pursuing his business as peddler in Lowell, was thrown from his sleigh, being turned over upon the frozen ground, which was covered with a light fall of snow. He was carried to the Washington House, when Dr. N. Allen was called, who, after making such examination as he thought necessary at the time, occupying from ten to fifteen minutes, stated that he thought no bones were broken; but finding him cold, faint, and suffering from a violent shock to the whole system—complaining of his right side being injured, more particularly his hip, elbow, and shoulder—directions were given to get him warm, put his feet into warm water, rub him thoroughly, and apply hot spirits and wormwood to the injured parts. There was some difficulty in the use of the arm—supposed to arise from laceration of the ligaments in the elbow-joint, as no fracture was detected in making the natural movements of rotation and flexion. Dr. A. called the next morning (the previous visit being made the night before), and, on the first inquiry, was assured by the patient that he was much better, and he thereupon, without asking any examination of the arm, or further treatment, paid and discharged his medical attendant. The next time the physician heard of the case—having no suspicion but that this stranger had perfectly recovered and was about his usual business—was nearly three months afterwards, when a suit for "breach of contract" was served upon him, claiming damages to the amount of $5,000 for a broken arm.

After occupying the court five days, a verdict of *entire acquittal* was rendered.

This makes the fifth case of mal-practice which has been tried in the courts of Middlesex County, within six years, and the following summary is given of them :—

"In the case of Dr. Peter Manning, of Lunenburg, at the first trial the jury returned a verdict of $362 50 damages against him, which was set aside by the whole court as against the weight of evidence, Judge Shaw giving a carefully prepared opinion. Notwithstanding this, the jury at the next trial gave a verdict of $100, which was also set aside by the whole court, and for the same reason ; whereupon the counsel for both parties agreed to drop the suit.

"In the case of J. T. G. Leach, of Lowell, the jury did not agree on the first trial ; but, at the second, brought in a verdict of $300 damages. But this verdict was set aside by the whole court as being against the weight of evidence, and the defendant, rather than have the trouble and expense of another trial, settled the matter by paying the other party something towards the costs.

"On the first trial of the case of Dr. Joseph Kittredge, of North Andover, the jury returned a verdict of $1,675 damages, which was also set aside by the whole court, being considered against the weight of evidence. At the second trial, the jury disagreed, and the defendant then compromised the case by paying something towards the costs.

"The fourth was that of Dr. Bartlett, of Somerville. On the first two trials the jury did not agree ; but at the third trial, *acquitted him*—thereby throwing a heavy bill of costs upon the prosecuting party.

"Thus in these five cases, four verdicts were returned ; and all, after careful examination, were set aside by the whole court, showing that the jury must have been clearly mistaken in the evidence, or were influenced in their decisions by prejudice. In four instances the jury did not agree ; and in only two did they return an acquittal. The whole expense of these cases probably has exceeded $10,000—most of it paid to counsel. *None of the plaintiffs in these cases have received a single cent, but made for themselves, as well as the defendants, a heavy bill of costs.* This is surely not very profitable litigation to the parties most immediately concerned."

Legal Robbery of a Physician.—We find the following statement in a late No. (Jan. 1856) of the *New York Medical Times.*

"We have heard recently of an instance, in a neighbouring State, in which a large stone fell upon the arm of a man and crushed it to such a degree that the first question was as to the propriety of primary amputation. It was decided, however, to attempt to save the limb, and the attempt proved succeesful, though of course not without deformity. But the natural bonesetter, Dr. Sweet, testified that he was always in the habit of curing such cases without deformity; and the judge being a warm admirer of Dr. S., a verdict was obtained against the surgeon for mal-practice, contrary to the opinions given in court by some of the leading physicians in the vicinity, and while he was really entitled to credit for saving the limb in a condition to be of considerable use to the patient.

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Pennsylvania Hospital.—Some years since, the managers of this institution, in order to lighten the arduous labours of their surgeons, increased the number, from three to four. With a similar view they have recently decided to increase the number of their physicians from three to four. To the situation thus created they have elected Dr. J. J. LEVICK. A better selection for this honourable and responsible post could not have been made.

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The Stethoscope.—In our number for January last, we noticed the union of this Journal with the *Virginia Medical and Surgical Journal.* It is stated that this union was consummated by the publishers of the Journal, without the consent of the editors, and Drs. G. A. Wilson and R. A. Lewis, the editors, have determined to continue the publication of the *Stethoscope.* We have received the numbers for January and February.

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Philadelphia College of Medicine.—We are informed that Dr. ALFRED T. KING, of Evansburg, has been appointed professor of the Practice of Medicine, and Dr. GEORGE DOCK, of Harrisburg, professor of Surgery in this school.

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The Medical Independent, and Monthly Review of Medicine and Surgery.—This is the title of a new journal, edited by Drs.

Henry Goodby, Edward Kane, and L. G. Robinson, the first No. of which appeared last month, at Detroit, Michigan.

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American Medical Association. — The committee of arrangements for the next meeting have secured, we are informed, for the use of the Association, "Fireman's Hall," at the corner of Jefferson Avenue and Randolph Street, Detroit. The committee will be in attendance at the hall several days previous to the meeting, to aid the delegates in obtaining suitable accommodations.

FOREIGN INTELLIGENCE.

New System of Ventilation.—A new system of ventilation has recently been invented, and extensively adopted in Paris. Mr. Duvior is the inventor.

The peculiarity of this system is, that it supplies two processes at one and the same time; namely, warming and ventilation.

The plan is simple. At one end of the building that is to be warmed and ventilated by this system, there is sunk in the soil chamber containing a grate, on which is placed a bell-shaped double walled iron vessel, filled with water. From this reservoir, and running upwards in the chimney of the furnace, are three pipes which are made spiral, so as to offer a larger surface for obtaining heat from the smoke ascending around them,

The spiral pipes convey from the lower reservoir an upward current of heated water, to an open reservoir at the top and centre of the building. From thence the water is distributed downwards, and in its heated state, by other pipes, into every part of the building. In each room is a kind of water stove, through which the water plays, and from which sufficient heat is radiated to warm the apartment. After the water from the upper reservoir is fully distributed over the building, it is collected by a common pipe, and is conveyed into the lower reservoir over the furnace to ascend and circulate, give up its caloric in some part, and return for more.

As the water on its journey is only partially cooled, the amount of fuel required in the furnace is moderate. By this simple means the warming process is carried on; but more than this is effected, for ventilation is at the same time secured.

The open reservoir at the top of the building, which, as we before said, was kept filled with hot water, is surrounded by a chamber, out of which a shaft rises. This chamber receives the air from all the rooms of the building, by means of a series of ventilating tubes or shafts, one of which runs from each room upwards to the top of the building, where it enters at right angle into a common transverse shaft communicating with the chamber.

From the extensive radiation of heat from the open reservoir, the air in the chamber is expanded, and a constant current from the building below upwards through the shaft is sustained.

Each of the ventilating shafts in the separate rooms is provided with a square opening at the bottom and the top. These admit of being closed at pleasure. In the winter, the upper one is closed, and the air, therefore, with which the room is charged from without has to find its escape by a downward movement to the opening at the bottom of the room, and so upwards through the shaft. In the summer, the lower opening is closed, and the upper one is opened, so that the current is directed upwards into the ascending shaft.

The advantages which are said to arise from this system are: 1st. That it insures free ventilation; 2d. That it warms and ventilates at the same time; 3d. That it is cleanly and inexpensive: 4th. That in hospital wards, where the emanations from the sick are offensive or pernicious, such emanations can be borne away directly from above downwards, by having the upper opening in the ventilating shafts in each ward closed, and the lower one open. The wards are thus constantly swept clean of all hurtful gaseous products.

The mode of ventilation here described has been applied in Paris to many public buildings with entire success. There lies before us at this time, a diagram showing this principle as applied to the "Hôpital de Lariboisière," and also several reports from distinguished judges of the value of its action and of its successful application. These are all candid, and, at the same time, are in general decidedly favourable.

We hope, ere long, to see M. Duvior's principle introduced into this country. If its success were confirmed, it would prove a valuable acquisition, and not an unprofitable one in a business point of view.

For the intimation of this mode of ventilation for the inspection of the diagram above referred to, and for the perusal of the documents descriptive of the plan, we are deeply indebted to Dr. Waller Lewis, whose knowledge of the sanitary state of the capital of France, and of the various improvements in sanitation, is of a high order. Dr. Lewis, after having seen Duvior's system in operation, expresses himself to us as perfectly satisfied in regard to its utility.—*Journal of Health*, Dec. 1855.

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Space to be accorded to Inmates of Public Institutions.—The editor of the *Journal of Health* (Dec. 1855) says that "the amount of space should vary under different circumstances. In the common living or day-room where the inmates are constantly moving, the space should not, under any system of ventilation, be less than 400 cubic feet per person. In the sleeping apartments of healthy people 600 cubic feet should be the minimum, 800 not being too much. In the sick ward 1000 cubic feet is the least that should be permitted. Of course ventilation makes great differences, but as this is most uncertain, and as the amount of common air required by each individual is about 212 cubic feet per hour, a liberal view in regard to space should be taken. Sir John Pringle remarks that for a ward to be healthy, it ought to have but half as many beds as it would to appearance conveniently hold. There is a great truth in this observation."

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Extramural Interments.—[We solicit attention to the following extract from an article, by Dr. Pickells, on extramural interment, in the *Journal of Public Health* for September last. The public, in this country, have shown themselves signally indifferent to sanitary regulations; and nuisances destructive to health and shortening life, are allowed to be established in our large cities, which it will hereafter require large expenditures and much labour to remove.

Public attention has been latterly awakened in England to the importance of sanitary measures, and immense expenditures and Herculean efforts are there being made to effect reforms.]

"In bygone times, when the laws of health were little understood or attended to, how much might have been done by the adoption of active sanitary measures of precaution towards limiting, if not preventing the ravages of those epidemics, which, in many instances, almost converted cities into deserts, the destruction being proportioned to the populousness of the place! 'The thicker the grass,' said Attila, in refusing, at the siege of Rome, to allow a part of the population to quit, 'the more easily is it mown.' 'Great cities,' said our homely proverb, 'great graves!' Vicq d'Azyr, in his notes on Pittolini, above alluded to, is anxious to render to the French nation a homage which he conceives is justly its due, in proving by extracts from works written on the subject, that it is to it we owe the first elements of sanitary reform, in regard to extramural interment. Dr. Haguenot, professor of medicine in the University of Montpellier, is, according to him, the first among the moderns who (in 1744) exerted himself with energy against the abuse of burying in churches, introduced as it has been by vanity, bad example, and the relaxation of the ancient discipline of the church; the abuse becoming custom, and custom becoming law! What in the first instance opened the eyes of Dr. Haguenot to the dangers of intramural interment, was an occurrence in the cathedral of Montpellier. 'Three men died in a church-vault; a fourth had barely time to escape from certain death, and experienced, for some time after, symptoms which made his friends fear for his life. His clothes and his whole person exhaled during several days a cadaverous odour.' M. Maret, doctor of medicine, and Secretary of the Academy of Dijon, developed more and more the dangers, in *Mémoires sur l' Usage, où l'on est enterrer les Morts dans les Eglises, et dans l'Enceinte de Villes*, a Dijon, 1773. He remarks on the ill construction of churches of his time, as in many instances, from their form and position with regard to winds, impeding free ventilation, and favouring the concentration of noxious vapours; and involving danger, in epidemic seasons, to crowded congregations, from the transpiration of the living, and the effluvia from the dead. In laying down a plan of extramural interment, for the city of Paris, 'penetrated,' he says, 'by the dangers of interment within the walls of cities;' the author of a small tract, published in 1768, entitled *Petit Traité sur les Sépultures*, has anticipated, it would seem, many of the views and suggestions set forth by Mr. Chadwick, in the proposed 'London Metropolitan Interment Bill.'

"The fact of the vitiation of the water of wells in the neighbourhood of churchyards, appears to have been first noticed, as an additional objection to burying within the precincts of towns, by the author of '*Memoires sur les Sépultures hors de Villers*, 1774.' 'The water of a well, situated under the cemetery of St. Louis, at Versailles, could not be used on account of its fetidity.' A fatal catastrophe, mentioned by this author as having occurred in a church vault, conveys a fearful warning.

"'The lord of a village, two leagues from Nantes, having died, it was intended to give his coffin a more honourable place by removing several others, and among them that of a kinsman who had died three months before. A stench the most fetid diffused itself through the church. Fifteen assistants died in a short time after. The four persons who disturbed the coffin sank first, and six clergymen who were present at the ceremony barely escaped with their lives.'* Fourcroy has found, after a long course of investigation, that the seventh or eighth day after the body is put into the ground is the latest at which it can be said to be whole. At the end of that short interval the process of decomposition commences, and produces in the first instance a fluid, which ultimately increases so as to burst the abdomen and let out a gas that is capable of producing the most mischievous effects, and even death, should a person approach too near the corpse.'

"A French writer, not noticed by Vicq D'Azyr, who has written against intramural interment, is the celebrated Abbé St. Pierre, in his *Studies of Nature*. 'In the first place,' he says, 'I would have a rule made that no one should be buried in a church.' He sketched a plan of extramural interment for the city of Paris, allotting, in an island of the Seine, a distinct receptacle for the ashes of such as may have deserved well of their country, not less by the arts of peace than by achievements in war. In regard to the abuse of burying in churches, 'the principal obstacle to this necessary reform does not,' he observes, 'arise from the clergy, but from the great and the rich, who, seldom disposed to crowd the church in their lifetime, are eager for admission into it after their death, that people may admire their superb mausoleums, and their virtues as portrayed in brass and marble. But, thanks to the allegorical representations of our artists, and the Latin inscriptions of our literati, the people know nothing about the matter, and the only reflection they make at the sight of them is, that all this must have cost an immense sum of money, and that such a vast quantity of copper might have been much better employed in making kettles.'*

"The great extent to which the practice of burying in churches was carried at the time when St. Pierre wrote, may be inferred from the indignant exclamation of Voltaire—'What, are our temples to be paved with carcasses!'"

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The Financial Aspects of the Sanitary Question.—Nothing is now more obvious to the world at large than the fact that health is wealth—wealth in a variety of ways; in the reduction of taxation; in the saving of the doctor's bill; in the saving of happiness. Mr. Chadwick, in the excellent treatise in hand, has spoken on these facts, and has proved them. He takes, for the purpose of illustrating his point, a comparison between the townships of Salford and of Manchester, and those of a neighbouring township, Broughton. In Salford, thirty-one persons per thousand die annually; in Manchester, even a larger number, whilst in Broughton, only fourteen persons in a thousand die yearly.

To account for this by reference to the

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* To other facts on record, tending to show that mephitic exhalations are sometimes so dangerous vehicles as to be adequate even to the production of epidemics, or to the envenoming of them when reigning, may be added the following from an interesting work, lately published in this city by John Lindsay, Esq., entitled, "Views of the Parthian History and Coinage." "A pestilence," he says, "which broke out in Babylon in the second century, the Roman writers attributed to a singular cause, to a dreadful stench, which proceeded from a golden coffer in the temple of Apollo (Belus), which was opened by a Roman soldier in search of plunder." Might not this have been sepulchral, inclosing the remains of some distinguished chief or hero? In the Iliad, we read the ashes of Hector were "inclosed in a golden coffer," ες χουσειην λαρνακα.

* Fulsome epitaphs of this sort prompted the lines of Byron:—

"When they are dead, upon their tomb is seen,
Not what they were, but what they should have
been."

situation or site of the buildings in each township would be useless; a great portion of the people in Broughton live at as low a level as in Salford, and some localities in Salford are as healthy as any in Broughton.

The cause of the difference lies in the circumstance that in Salford there are masses of over-crowded, ill-ventilated, damp and undrained houses; that there is a want of water, and other domestic conveniences, and a consequent absence of cleanliness, which leads to want of self-respect, to drunkenness, to disease, and crime.

There is also great over-crowding, except in the twenty-seven common lodging-houses now registered in Salford, and in the other public institutions. The over crowding in other parts will exist, says Mr. Chadwick, until the working classes themselves understand this subject, and begin to ask and require proper sanitary regulations, and refuse to occupy, at any price, badly drained, damp, ill-ventilated, and over-crowded houses; as sure as the working classes demand this, so sure will a good supply of better houses, without any material advance in the rents, be provided. These are the true facts. For every death, there are twenty-five cases of illness on an average; each death costs on an average £60, including funeral expenses, medical attendance, loss of labour, and the like. Judging from analogy, there are in Salford 700 deaths annually from preventable causes alone; hence, to remove these causes might insure an annual saving of a sum of money exceeding £40,000. To effect this saving, the main thing required is, that the working classes should understand what are the sanitary requirements to secure health and comfort in their homes.—*Journal of Public Health*, Sept. 1855.

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Prevalence of Typhus Fever in London.—It is not without concern that we notice the great prevalence of typhus fever at present in the metropolis. The London Fever Hospital is crowded with patients, and many of the cases have assumed the worst and most fatal character, notwithstanding the great sanitary advantages of this establishment. If the number of typhus cases in the hospital may be received as an indication of the amount of the same disease outside the walls, a very serious epidemic must, at the present moment. be raging around us, and we have no doubt that such is the case. The appearance of a few fatal cases of cholera would frighten the island out of its propriety, and yet the ravages of typhus fever, a disease nearly as fatal, causes but little attention. The causes of cholera and of typhus are pretty much the same, and our sanitary arrangements must be sadly defective to harbour such diseases among us; for experience has pretty clearly proved that both are owing to preventible causes, and might be extirpated by enlightened sanitary legislation.—*Med. Times and Gaz.*, Feb. 9, 1856.

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Cholera in Lombardy.—The cholera has extended itself over the whole of Italy, and every where with destructive ravages. Upper and Middle Italy have chiefly suffered. In Lombardy, from the commencement of the epidemic up to the 19th of August, as to the provinces, and the 25th of August as to the city of Milan, the number affected has been 33,114; of whom 6,832 are reported as cured, 15,366 as dead, and 10,916 as under treatment. In Brescia alone, the seizures have been 15,796; of which number the cures are 3,596, the deaths 6,949, and those remaining under treatment 5,251. In the city of Milan the cases number 295; of whom 40 were cured, 182 dead, and 73 under treatment. A writer in the *Annali Universali di Medicina* attributes the comparative paucity of cases at Milan to the excellent constitution and admirable preventive measures of the Sanitary Commission of that city. It appears that this body consists of five members, of whom four are physicians. Thus science, directed by experience, guided their deliberations; which were at once productive of appliances, the essential fitness and promptitude of which were neither broken nor retarded by the delays of bureaucracy. On the contrary, the execution followed instantly on the necessity; and the execution was rigorous, vigilant, and complete, because it was designed to be efficacious. On the other hand, in the provinces it was not the medical men who directed what was requisite for the public health. There, the advice of the physicians, when not utterly rejected, was subjected to non-medical supervision, where the spirit of the prophylactic measures was not adequately comprehended; or, if understood, was ignorantly and inefficiently applied. The results of this are illustrated by several special instances, where medical directions were superseded or thwarted by the magistracy, to the prejudice of the zeal of the practitioners, and the detriment of the public safety.—*Edinburgh Medical Journal*, Dec. 1855, from *Omodei e Calderini, Annali Universali di Medicina*, Milano, August, 1855.

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Mortality Statistics of London for 1855.—The general results may be briefly stated as follows: The number of deaths in 1855 was 61,506, or 2.6 per cent. of the population; this is a decrease on the previous year of 12,191, when cholera was very fatal in the summer months, but is an increase on the mortality of 1853 of only 304; while in the two years there has been an increase of population by births of 34,425. Of the total amount of deaths, 29,654, or 48.2 per cent., are of persons under 20 years of age; 8,803, or 14.3 per cent., at 20, and under 40 years of age; 9,844, or 16 per cent., at 40, and under 60 years of age; 10.550, or 17.1 per cent., at 60, and under 80 years of age; and 2,255, or 3.6 per cent., at 80 years and upwards. According to the population under each age, the deaths of persons under 20 years are 30.8 per cent. of those living at that age; from 20 to 40 years, 1.05 per cent.; from 40 to 60 years, 2.4 per cent.; from 60 to 80 years, 7.8 per cent.; and from 80 years and upwards, 24.5 per cent.; so that actually more die, in proportion to the number living at the respective ages, under 20 years of age, than at 80 years and upwards. Surely it is quite time that most searching inquiries should be set on foot as to the fact, that nearly half of the mortality of London occurs to persons under 20 years of age. Is it a law of nature which humanity must submit to? or are we perpetuating conditions of society, under which it is impossible for the half of our rising population to exist? Can the Registrar-General give us no clue towards the solving of this problem? The zymotic class of disease has been fatal during 1855 to 13,528 persons, and the tubercular class, under which phthisis ranges itself, to 10,456; while diseases of the respiratory organs have carried off 11,114, victims. Of 84,000 women in London who had been in labour during the year, only about 300 have died. The sudden deaths have been 652; in 1854, they were 651; and the deaths from violence were 2,335, against 2,250 in 1854, and 2,401 in 1853. The deaths, as to the five districts into which London is divided, were as follows, in proportions per cent. to the population of those districts: West, 2.41 per cent.; North, 2.53; Central, 2.48; East, 2.73; South, 2.68. In the West districts 74 died of smallpox, and 332 of typhus: North districts, 284 smallpox, 419 typhus: Central districts, 125 smallpox, 311 typhus: East, 256 smallpox, 578 typhus; and in the South districts, 285 smallpox, and 692 typhus; 6,552 persons died in workhouses; 2,956 in general hospitals; 441 in hospitals for special diseases; 65 (of whom 39 were infants) in lying-in hospitals; and 456 in lunatic asylums.

Of persons in the various classes on which death levied its tribute, 424 were in high state offices, or were in the civil service, or local officers; 868 were soldiers, seamen, or pensioners; 382 were men in the learned professions, or their subordinate assistants; 153 were persons engaged in literature, and in cultivating the fine arts or sciences; 1,937 were innkeepers, domestic servants, or employed in making or in selling dress; 765 were engaged in commerce; 1,902 belonged to the carrying class; 371 were agriculturists (including gardeners); 165 were engaged about horses and other animals; 2,665 were workers in the mechanical arts, employing materials of various kinds; 805 persons were workers and dealers in animal matters, 1,835 in vegetable matters, 1,168 in minerals; 1,065 were rude labourers; 588 were annuitants, persons who had retired from business, or persons of some rank and property, but of no definite occupation; and 68 were persons supported by the community, and of no specified occupation. The population, under these several headings, will be found in the table. Of the 84,944 births (which are 3.6 per cent. of the population), 43,352 were of males, and 41,592 of females; the former preponderating by 1,760; and of the 61,506 deaths, 31,203 were of males, and 30,303 of females—900 males more than females. The increase of population accruing by births is 23,438; but, as we have often remarked, we consider the registration of births as most defective, there not being the same compulsion to register as in the case of deaths.—*Med. Times and Gaz.*, Feb. 2, 1856.

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Spirit Rapping.—There has been much gossip in the literary and scientific world relative to some *Spirit Rapping* experiments, alleged to have been performed at the private residence of Mr. Rymer, a London solicitor, at Ealing, in the presence of Lord Brougham, Sir David Brewster, Mr. Hume, and Mrs. Trollope. All these distinguished individuals are reported to have become converts to the spiritual phenomena. Sir David Brewster has, however, since deemed it necessary to repudiate the fact of his conversion. Lord Brougham and Mrs. Trollope have not spoken out on the subject. Sir David Brewster's letter will be read with interest, and deserves to be placed permanently on record. He writes:—

"It is true that I saw at Cox's Hotel, in company with Lord Brougham, and at Ealing, in company with Mrs. Trollope, several mechanical effects which I was unable to explain. But though I could not account for all these effects, I never thought of ascribing them to spirits stalking beneath the drapery of the table; and I saw enough to satisfy myself that they could all be produced by human hands and feet, and to prove to others that some of them, at least, had such an origin. Were Mr. Hume (the American medium) to assume the character of the Wizard of the West, I would enjoy his exhibition as much as that of other conjurers; but when he pretends to possess the power of introducing among the feet of his audience the spirits of the dead, of bringing them into physical communication with their dearest relatives, and of revealing the secrets of the grave, he insults religion and common sense, and tampers with the most sacred feelings of his victims." In another letter Sir David enters in more detail into what Lord Brougham and he saw done by "the spirits," and what they did *not* see:—"It is not true that the accordeon *played an air throughout* in Lord Brougham's hands. It merely squeaked. It is not true, as stated in an article referred to by Mr. Hume, that Lord Brougham's 'watch was taken out of his pocket, and found in the hands of some other person in the room.' No such experiment was tried. . . . . At Mr. Cox's house, Mr. Hume, Mr. Cox, Lord Brougham, and myself sat down to a small table, Mr. Hume having previously requested us to examine if there was any machinery about his person, an examination, however, which we declined to make. When all our hands were upon the table noises were heard—rappings in abundance; and, finally, when we rose up the table actually rose, as appeared to me, from the ground. . . . . Besides the experiments with the accordeon, already mentioned, a small hand-bell to be rung by the spirits, was placed on the ground, near my feet. I placed my feet round it in the form of an angle, to catch any intrusive apparatus. The bell did not ring; but when taken to a place near Mr. Hume's feet, it speedily came across and placed its handle in my hand. This was amusing. It did the same thing bunglingly to Lord Brougham, by knocking itself against his lordship's knuckles, and after a jingle it fell. The *séance* was most curious at Ealing, where I was a more watchful and a more successful observer. I will not repeat the revelations made to Mrs. Trollope, who was there, lest I should wound the feelings of one so accomplished and sensible. I remember them with unmingled pain. The spirits were here very active, prolific in raps of various intonations, making long tables heavy or light at command; tickling knees, male and female, but always on the side next the medium; tying knots in handkerchiefs drawn down from the table, and afterwards tossed upon it; and prompting Mr. Hume, when he had thrown himself into a trance, to a miserable paraphrase on the Lord's Prayer. During these experiments I made some observations worthy of notice. On one occasion, the Spirit gave a strong affirmative answer to a question by *three raps*, unusually loud. They proceeded from a part of the table exactly within the reach of Mr. Hume's foot, and I distinctly saw three movements in his loins, perfectly simultaneous with the three raps."—*Journal of Psychological Medicine and Mental Pathology*, Jan., 1856.

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University of Berlin.—The number of students in this University during the last winter session, was 1,509; of these 253 attended the theological lectures, 650 those on law, 261 those on medicine, and 343 those on philosophy.

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University of Kiel, (Duchy of Holstein.)—There were the past winter session, in this university, 134 students, of whom 24 were theological, 44 law, 41 medical, and 25 philosophical. The number of professors is 45, ordinary and extraordinary.

THE MEDICAL NEWS AND LIBRARY.

VOL. XIV. MAY, 1856. No. 161.

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CLINICS.

Statistical Report of the Principal Operations performed in the London Hospitals during the month of December, 1855.

Lithotomy.—Number of cases, 2; recovered, 1; died, 1.

Case 1. A boy, aged 6, under Mr. Lawrence's care in St. Bartholomew's, having suffered from symptoms of stone almost from birth. A stone, about the size of half a walnut, and consisting of lithates, was removed. Excepting an attack of scarlatina, the boy recovered without drawback. *Case* 2. A man, aged 60, very stout, under the care of Mr. Fergusson, in King's College. A large stone was removed by the usual operation. Twenty-four hours after the operation shivering occurred, and pain in one shoulder-joint began. Subsequently the pulse became intermittent, and there were profuse sweatings. Death took place on the sixth day. At the autopsy, both knee and both shoulder-joints were found distended with pus. The lungs, liver, and all the viscera, were healthy.

Herniotomy.—Number of cases, 14; recovered, 9; under treatment, 2; died, 3.

Case 1. A woman, aged 52, under the care of Mr. Cock, in Guy's. She had been subject to an irreducible omental hernia for many years. Symptoms of strangulated bowel had been present for five days, and were well marked. The sac was large, and passed downwards and inwards in the thigh. When first opened, a mass was exposed which much resembled thickened bowel, but which, on further inspection, proved to be omentum; it possessed strong and old adhesions. The adhesions having been divided, and the mass turned aside, a second division of the sac was exposed, and behind and between the two was a third and smaller pouch, which contained a knuckle of bowel. The gut was reduced without any division of stricture being necessary, the omentum having been turned aside. The omentum was in great part left in the sac. The woman recovered well, a large portion of omentum having sloughed away. *Case* 2. A woman, aged 46, under Mr. Cock's care, in Guy's. Hernia femo-

Published monthly by BLANCHARD & LEA, Philadelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage to the subscriber.*

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ral, strangulated 72 hours, of considerable size. The belly was full and distended, but the symptoms were not very severe. The stricture was divided without opening the sac, but, subsequently, a small puncture in the latter was unintentionally made. A large quantity of fluid escaped, but the contents of the sac were not exposed. The patient did very well for about two weeks, the bowels acting regularly, and the wound having all but healed. Since then, however, a severe form of hospital gangrene has affected the wound, and opened it into a very large one. The sloughing has now stopped, and the patient is improving. *Case* 3. A woman, aged 43, under the care of Mr. Paget, in St. Bartholomew's. Hernia femoral, small, strangulated 56 hours. The symptoms were well marked, but the condition was favourable; sac not opened. Recovered without a bad symptom. *Case* 4. A woman, aged 39, under the care of Mr. Birkett, in Guy's. Hernia femoral. The taxis had been abused, and purgatives given. The operation was performed 12 hours after the first occurrence of vomiting, and 24 from the time of descent. The tumour was very painful, and there was great depression of power. The sac was not opened. Peritonitis occurred afterwards, and was treated by calomel and opium, and leeches. Recovery. *Case* 5. A woman, aged 52, in fair health, but the subject, at the time, of thecal abscess and phlegmon of the arm, was admitted into Guy's, under Mr. Birkett's care, with a strangulated femoral hernia. On the morning before admission, a surgeon had succeeded in somewhat reducing the size of the tumour by efforts at taxis, and, since then, the symptoms which had been well marked, had somewhat subsided. The vomiting had entirely ceased, and food was borne upon the stomach. On the next day, however, although no very marked symptoms of strangulation had come on, yet the woman's aspect was bad, and Mr. Birkett determined to explore the tumour which remained. The sac having been opened, some blood-tinged serum escaped, and a knuckle of intestine was exposed. After division of the neck of the sac, the latter was reduced. The operation was 77 hours after the first occurrence of the symptoms, and 101 from the time of descent. She made a very slow recovery, but is now quite well as regards the hernia. *Case* 6. A man, aged 60, under the care of Mr. Lawrence, in St. Bartholomew's. Hernia scrotal, of moderate size; strangulated twelve hours. Sac not opened. Some suppuration in the adjacent parts followed the operation, but otherwise the man made a good recovery. *Case* 7. A woman, aged 52, under the care of Mr. Lawrence, in St. Bartholomew's. Hernia femoral, of considerable size; strangulated eight hours. Sac opened. Recovered without an ill symptom. *Case* 8. A woman, aged 65, under the care of Mr. Wormald, in St. Bartholomew's. Hernia femoral; strangulated five hours; stricture very tight. Sac not opened. Some peritonitis followed, but it was subdued, and the patient recovered well. *Case* 9. A pale, rather delicate woman, aged 40, was admitted, under Mr. Simon's care, into St. Thomas's, suffering from prolapsus uteri. She was not known to have hernia, but, for four days past, there had been vomiting and constipation. The matters ejected from the stomach had been stercoraceous during the last day. On examination, a small, very tense femoral hernia was discovered. In a warm bath, the prolapsed uterus was returned, but the hernia could not be reduced. In the operation, the sac was opened, the attempt to avoid doing so having failed. The intestine, when exposed, was of a dark red colour, and contained impacted masses of feces. Recovery, without a bad symptom. *Case* 10. A woman, aged 35, under Mr. South's care, in St. Thomas's. Hernia inguinal, of considerable size. It had been down a fortnight, and during that time the bowels had not acted, and there had been repeated vomiting. The sac was opened, and found to contain intestine, the greater part of which looked healthy, but which showed, in one spot, rather suspicious appearances. Reduction was effected, and, on the following day, a motion was procured by means of an injection. Very slight tenderness of the abdomen followed. In spite of a sharp attack of bronchitis, the woman recovered well. *Case* 11. A man, aged 46, under the care of Mr. Lloyd, in St. Bartholomew's, on account of a strangulated scrotal hernia. The taxis had been forcibly attempted before admission. There were at first no symptoms of strangulation, but no success was obtained from the attempts at reduction. After a while, urgent vomiting set in, and, about thirteen hours after the descent, it was determined to operate. The sac was not opened. The stricture appeared to have been caused by a transverse band of fibres, which crossed the neck of the sac in close contact with it. The wound is healed, and excepting a severe asthmatic attack, the convalescence has been unretarded. *Case* 12. A woman, aged 78, under the care of Mr. Lawrence, in St. Bartholomew's. Hernia femoral, of considerable size; strangulated six hours. The sac was opened, the stricture being at its neck. The intestine was found much congested, and there was also a large mass of omentum, which latter had to be cut away before reduction could be effected. Death from acute peritonitis followed sixty hours after the operation. At the autopsy, the strangulated portion of bowel was found quite healthy. *Case* 13. A woman, aged 63, under the care of Mr. Coulson, in St. Mary's. Hernia femoral, strangulated one week. The existence of the hernia had not been suspected until the day of admission, although there had been vomiting for upwards of a week, and it had been stercoraceous for three or four days. The bowels had acted slightly after an enema on the day before admission. The taxis under chloroform having failed, the operation was resorted to. The sac was opened, and found to contain omentum, with a knuckle of but slightly congested intestine. The woman went on favourably until a few hours before death, which occurred on the fourth day. At the autopsy, the evidences of extensive pelvic peritonitis were found, but no perforation of the gut could be discovered. *Case* 14. A male infant, aged 10 months, under the care of Mr. Pollock, in St. George's. Hernia inguinal, strangulated twelve hours. The sac was opened, and found to contain a large coil of small intestine and much fluid. The infant, at the time of the operation, was in fair condition, and the gut was not inflamed. On the second day, symptoms of peritonitis supervened, and death occurred on the fifth. At the autopsy, extensive peritonitis was found, but there had not been much inflammatory effusion.

Ligature of Arteries.—Case 1. A man, aged 36, under the care of Mr. Lawrence, in St. Bartholomew's, on account of a popliteal aneurism, the size of a small orange. The disease was known to have existed for about two months. Its pulsations were easily controlled by pressure on the femoral. The man was in fair health. Mr. Lawrence decided not to make any trial of the compression plan. Ligature of the femoral was performed in the usual way. Not a single bad symptom followed. The tumour collapsed, and quickly solidified. The ligature separated on the twenty-first day, and the wound shortly afterwards healed. *Cases* 2 and 3. In these, both under care in King's College, on account of wounds of the forearm, ligature of the radial in one, and of the ulnar in the other, was performed. In both, the wounds healed well.

Amputations.—Number of cases, 10; recovered, 7; under treatment, 2; died, 1.

Case 9, of last month's report, has since ended in death.

Double Amputation.—Case 1. A confectioner, of very irritable constitution, aged 35, was admitted into St. Thomas's, under the care of Mr. Le Gros Clarke, having sustained severe injuries to both legs in a railway accident; in the right, there was compound comminuted fracture of both bones, with great laceration of the soft parts; and in the left, although there was no wound, yet the bones were comminuted for several inches, and the surrounding parts disorganized by contusion. Primary amputation of the right leg, below the knee, was performed, and several days afterwards the left was also removed. The man had at first refused to submit to the amputation of both. Both stumps are now fast healing; the right one has done much the best, the left having remained for some time in a sloughy state. At the end of a fortnight, secondary hemorrhage from the left occurred, to the extent of nearly a pint. The man may now be considered quite out of danger.

Of the Thigh.—Case 2. A woman, aged 22, under Mr. Fergusson's care, in King's College, on account of osteochondroma of the tibia. The tumour involved almost the whole length of the bone, and had been gradually increasing for a year and nine months. Amputation through the thigh. Recovery. (The specimen was shown before the Pathological Society.) *Case* 3. A woman, aged 22, under the care of Mr. Borlase Childs, in the Metropolitan Free, on account of a large fibro-cystic tumour, involving the condyles and lower part of the shaft of the femur. She was in fair health, and the disease had existed for about three years. Amputation through the middle of the thigh. Recovery. *Case* 4. A woman, aged 32, under the care of Mr. Lawrence, in St. Bartholomew's, on account of a compound fracture of the femur, extending into the knee. From long previous disease, the limb had been rendered useless by anchylosis of the knee, with contraction, and it was greatly wasted. Primary amputation. Recovery. *Case* 5. A delicate girl, aged 12, under the care of Mr. Birkett, in Guy's. She was first admitted in September, on account of abscess about the trochanter of the left femur; extensive suppuration followed, and the deformity became so great as to resemble dislocation. The displacement, however, might, on careful examination, be proved to result from spontaneous fracture of the bone, just below the trochanter. A portion of necrosed bone was removed. Subsequently, the girl's health giving way, amputation was determined on. In the operation, the whole length of the shaft of the femur was taken away. The upper extremity of the bone being buried in soft parts was not seen, but to the touch it felt sound. The girl has recovered, but still remains feeble. *Case* 6. A woman, aged 36, under the care of Mr. Lawrence, in St. Bartholomew's, on account of diseased knee-joint, of six years' standing. At the time of the operation, the patient had but just recovered from an attack of erysipelas, and was extremely low. Circular amputation. Recovery, without an ill symptom. *Case* 7. A muscular man, aged 37, was admitted, under Mr. Simon's care, into St. Thomas's, his right knee having been crushed by the fall of an iron safe. Primary amputation was performed. The stump, during the first fortnight, did well, healthy suppuration was established, and the ligatures came away. On the fifteenth day, a rigor occurred; after this, all the symptoms of pyæmia were developed, and death followed on the twenty-fifth day. At the autopsy, the veins of the stump were found filled with pus, the iliac also being affected up to its junction with the cava. In the lungs were numerous purulent depôts, but none in any other viscera.

Of the Leg.—Case 8. A man, aged 37, in poor health, under the care of Mr. Cock, in Guy's, on account of malignant disease of the tarsal bones. From the history, it appeared that the original affection had been simple caries, and for this, several operations, involving the gouging out of portions of the os calcis, etc., had been performed by a surgeon out of the hospital. The cancer, which was a fungating form of the medullary, appeared to have been developed in the wound left by the last operation; it had bulged on both sides the ankle. Amputation, two inches above the ankle, was performed. The stump did remarkably well for a fortnight, and was all but healed when it was attacked by hospital gangrene. The sloughing was arrested by continued irrigation with warm water, and the stump is now again healing. *Case* 9. A woman, aged 43, under Mr. Lawrence's care, in St. Bartholomew's, on account of disease of the ankle-joint of five years' duration. Amputation through the leg by posterior flap. Severe secondary hemorrhage. Recovered.

Of the Upper Extremity.—Case 10. A feeble man, aged 60, under the care of Mr. M'Murdo, in St. Thomas's, on account of disease of the wrist and carpus. He was much reduced in strength by long-continued suppuration. Amputation through the forearm. Recovery.

Excision of Joint.—Case 1. A girl, aged 14, under Mr. Fergusson's care, in King's College, on account of disease of the elbow-joint. Resection of the entire articulation was performed, the H-shaped incision being adopted. The case is doing remarkably well.

Case 2. A middle-aged woman, in good health, under the care of Mr. Johnson, in St. George's, on account of diseased os calcis. The posterior half of the bone was excised, an abscess having been found within it. Doing well.

Operations for Caries of Bone.—Case 1. A boy, aged 7, under the care of Mr. Athol Johnson, in the Hospital for Sick Children, on account of caries in the head of the tibia, the knee-joint not being affected. A portion of bone was removed by the trephine, and the adjacent parts gouged out. Doing well. *Case* 2. A girl, aged 14, in good health, under Mr. Cock's care, in Guy's, on account of caries, with necrosis in the head of the right tibia. The cavity was opened with the gouge, and a fragment as large as the last joint of the thumb removed, together with the surrounding softened bone. The excavation made was large, and extended upwards until close beneath the articular cartilage. The disease had existed for ten months previously, and there was great enlargement of the bone. Since the operation all has done most favourably, and the swelling about the joint is fast subsiding.

Operations for Necrosed Bone.—Sixteen operations of this class have been performed during the month, some of them involving the removal of very large sequestra. None of the cases have done otherwise than favourably.

Trephining for Abscess in the Bone—A young woman, with the appearance of good health, was admitted, under the care of Mr. Hawkins, into St. George's, having for two years suffered severe pain in the head of the tibia. The pain had had occasional intermissions. The bone was considerably thickened. Mr. Hawkins exposed the surface of the bone, and used the trephine, by which an abscess of considerable size was opened. The case is doing well.

Excision of Malignant Tumours.—*Case* 1. A man, aged 42, under the care of Mr. Lane, in St. Mary's, on account of an open, cancerous ulcer in the tongue. The disease had existed six months, and there were no glandular enlargements. The affected part was excised. Pretty sharp hemorrhage occurred afterwards, but was kept down by the continued sucking of ice. Death followed three weeks after the operation, with all the symptoms of pyæmia. At the autopsy, secondary deposits of pus were found in the joints and also in the lungs. *Case* 2. A man, aged 45, under the care of Mr. Fergusson, in King's College, on account of cancer of the lip. Excision. Recovery. *Case* 3. A man, aged 46, under Mr. Callaway's care, in Guy's. Some months ago, a very large growth of medullary cancer was removed from the axilla, which appeared to have been secondary on a small growth, which had formed in a congenital mole on the forearm. On the present occasion, the primary growth, which had, since the first operation, increased in size, was excised. The wound soon healed. *Case* 4. A man, aged 44, under Mr. Cock's care, in Guy's, on account of cancer of the lip. Excision. Recovery. *Case* 5. A woman, aged 56, under Mr. Simon's care, in St. Thomas's, on account of epithelial cancer of the labium. The whole labium was removed. Recovered. *Case* 6. A man, aged 35, a chimney-sweeper, under the care of Mr. Skey, in St. Bartholomew's. A few months ago, a small primary epithelial cancer had been excised from his scrotum, and he now came under treatment, on account of a large and very painful glandular tumour in the groin. In the attempt to dissect it out, the femoral vein was exposed, and it was found impracticable to remove the whole. The wound has since done well.

Excision of the Breast.—*Case* 1. A woman, aged 45, under the care of Mr. Moore, in the Middlesex, on account of scirrhus of the breast, of two years' duration. Excision of the entire gland. Slight attack of erysipelas. Recovery. *Case* 2. A woman, a creole, aged 30, under the care of Mr. Moore, in the Middlesex Hospital, on account of a tumour in the breast, which had existed for a year. Excision of the whole gland. The growth proved to be a good example of colloid cancer. Recovered. *Case* 3. A woman, in good health, aged 42, under Mr. Hawkins's care, in St. George's, on account of scirrhous cancer of the breast. Excision. Recovery. *Case* 4. A woman, in good health, aged 55, under the care of Mr. Tatum, in St. George's, on account of scirrhus of the breast. Excision. Under treatment. *Case* 5. A woman, aged 46, under Mr. Lawrence's care, in St. Bartholomew's, on account of what was believed to be a suppurated cancer of the breast. The induration was very great, and had been in progressive increase for nineteen months or more. The mother of the patient had died of cancer. The ulcerations in the skin did not extend any depth. The entire breast was excised. After removal, the disease was found to be merely chronic induration of the gland. There were hard, oleaginous concretions in the lacteal tubes, and a circumscribed collection of matter behind the breast. Recovered. *Case* 6. A healthy married woman, aged 62, under the care of Mr Birkett, in Guy's, on account of an ulcerated scirrhous tumour in the right breast. The disease had existed for a year, and had been ulcerated for about a month. There was an enlarged gland in the axilla. The entire breast and the axillary gland also were removed. The patient made most favourable progress for several days, when acute bronchitis supervened, from which she died on the nineteenth day after the operation. The wound was quite healthy, and nearly healed. Not a trace of carcinoma was, at the autopsy, found in any organ or part of the body. *Case* 7. A healthy woman, aged 60, under the care of Mr. Coulson, in St. Mary's, on account of scirrhus of the breast. It had only been painful for three weeks, and had not been noticed previously, but had most probably existed for a long period. Excision of entire gland. For some time after the operation, she remained much exhausted, but has more recently being doing well. *Case* 8. A woman, aged 47, under the care of Mr. Fergusson, in King's College, on account of scirrhous cancer of the breast. Excision of the whole gland. Recovery. *Case* 9. A woman, aged 35, under Mr. Fergusson's care, in King's College, on account of scirrhus of the breast. Excision. Under treatment.

Removal of Non-Malignant Tumours.—*Cases* 1, 2, 3, and 4. Encysted tumours of considerable size, excised from various parts In all the cases the wounds healed well. *Cases* 5, 6, and 7. Fatty tumours excised from different parts. In all, the wounds healed quickly. *Case* 8. A healthy woman, aged 34, under Mr. Birkett's care, in Guy's, on account of a small, fatty tumour on the anterior edge of the right axilla. Congelation of the skin by ice and salt was practised, the process occupying seven or eight minutes. The wound afterwards sloughed, and the cuticle peeled off around it. Mr. Birkett's remarks are: "It was impossible to witness a case less favourable to the employment of cold than this. The wound, which, under ordinary circumstances, should have been well in a week, occupied five in healing." *Case* 9. A patient, under Mr. Birkett's care, in Guy's, on account of a fatty tumour over the back. Congelation was employed, and occupied only a few minutes. "The wound healed quite as slowly as in the case just mentioned, but there was not the same amount of sloughing. It ought to have healed in two or three days." *Case* 10. A woman, under Mr. Birkett's care, in Guy's, whose case was mentioned in our September report, a fibroid tumour having been excised from the leg. The growth had recurred beneath the cicatrix, and a second excision was required. It was found impracticable to remove the whole, as it infiltrated the muscle, and passed deeply. The wound has since been gangrenous, and the patient is yet very ill. *Case* 11. A girl, aged 18, under Mr. Lane's care, in St. Mary's, on account of an almost solid bursa over the patella. Excision. Recovery. *Case* 12. A woman, aged 28, under Mr. Lawrence's care, in St Bartholomew's, on account of an encysted tumour, of two years' duration, in the lower part of the right mammary gland, just below the nipple. An incision was made over it, and the cyst, which was becoming solid, was dissected out. Recovery. *Case* 13. A healthy woman, aged 28, under Mr. Lawrence's care, in St. Bartholomew's, on account of a very large mammary glandular tumour, situated behind and below the right breast. It was quite loose, and slipped out easily. Its existence had been recognized for nearly two years. Slight erysipelas affected the wound a few days after the operation, and death from pleurisy followed on the nineteenth day. No autopsy. *Case* 14. A pale, cachectic man, aged 52, under the care of Mr. Hutchinson, in the Metropolitan Free, on account of what was believed to be carcinomatous enlargement of the axillary lymphatics. The tumour was excised, but proved not to be cancer. The wound is now healing, and the patient in much improved health (See Report of the Pathological Society, page 73.) *Case* 15. A woman, aged 55, under the care of Mr. Hawkins, in St. George's, on account of a recurrent fibro-cystic tumour, originating in the mammary gland, and since reappearing beneath the cicatrix. Four previous excisions had been practised. Her health remains good. Under treatment. *Case* 16. A married but childless woman, aged 23, under the care of Mr. Lloyd, in St. Bartholomew's, on account of a mammary glandular tumour, the size of a walnut, in the left breast. Excision. Recovery. *Case* 17. A healthy girl, aged 14, under the care of Mr. Lloyd, in St. Bartholomew's, on account of a tumour, the size of a cricket-ball, over the inner side of the lower part of the femur. It had commenced two years ago, and, for six months past, had been increasing rapidly, and had occasioned pain. In the operation, it was found to dip deeply between the muscles of the thigh, the sartorius playing over it. On section, it presented a homogeneous white surface, and was considered a good example of albuminous sarcoma. The wound healed well.

Removal of Exostosis.—A healthy man, aged 21, under the care of Mr. Lawrence, in St. Bartholomew's, on account of a small exostosis growing from the inner side of the femur, a little above the condyle. A small bursa was placed over it. Excision. Some burrowing of matter in the thigh followed, but the wound is now healing.

Tracheotomy.—Case 1. A male child, aged 2½ years, was admitted into Guy's, under Mr. Birkett's care, having scalded his throat by attempting to swallow hot water. Suffocation was impending at the time of admission, seven hours after the accident. The child had previously been healthy, but was only just recovered from hooping-cough. Mr. Birkett performed tracheotomy, using a hook and scalpel, and then introducing the canula by means of a blunt-pointed or pilot trocar. The tube was retained three days. The child recovered without drawback, excepting that the hooping-cough relapsed, and some paroxysms of cough so severe as to threaten suffocation occurred. He left the hospital quite well, the wound being soundly healed, in about three weeks. *Case* 2. A child, aged 3 years, was admitted into St. Bartholomew's, having attempted to swallow boiling water from a kettle. The pharynx, tongue, and glottis, were extensively scalded, and there was great dyspnœa at the time of admission. Soon afterwards, symptoms of impending suffocation were developed, and it was evident, that to save life, the trachea must be opened immediately. The operation was performed by Mr. Furnivall (House-Surgeon). On account of cough, it was found difficult to introduce a canula, although the opening was quite large enough to have admitted one; the wound was accordingly held open by retractors, connected behind the neck by an elastic band. The child was relieved by the operation, and soon fell asleep. The breathing continued tranquil until noon the next day, sixteen hours after the operation, when acute bronchitis set in. Death occurred about twenty-four hours after the operation. The autopsy showed great œdema of the mucous and submucous tissues about the glottis, much thickening of the epiglottis, and a scalded condition of the pharynx and tongue. The right lung was adherent by pleuritic bands, and its lower lobe was hepatized. The lining membrane of the trachea was inflamed, and the bronchial tubes contained much muco-purulent secretion.

Operations for Nævus.—Operations of this class have been performed in three cases—in one by incision, one by injection of perchloride of iron, and one by setons. The first has recovered; the latter two remain under care.

Operations for Imperforate Rectum.—*Case* 1. A child, aged 5 months, has been for the last four months under the care of Mr. Henry, at the Middlesex, on account of imperforate bowel, with communication between the rectum and vagina. There was no trace of an anus. The operation performed consisted in opening the track of the bowel, and uniting the edges of the mucous membrane to those of the wound. It has been but partially successful, on account of the difficulty found in keeping the wound open. The feces still pass by the vagina. *Case* 2. A child, aged 4 days, was operated on by Mr. Erichsen, in University College, on account of imperforate rectum. The anus was well formed, but, about an inch above it, a thick, fleshy septum closed the bowel. A trocar and canula were passed through this, and the latter left in. Meconium escaped, but the infant sank under constitutional irritation, and died four days afterwards.

Plastic Operations.—Case 1. A boy, aged 13, under Mr. Bowman's care, in King's College, on account of ectropium of the upper lid, following a burn. A very good result was obtained. *Cases* 2, 3, 4, 5, and 6. In these cases, the usual operation was performed, successfully, for the cure of hare-lip. *Case* 7. A woman, aged 70, under Mr. Baker Brown's care, in St. Mary's, on account of ruptured perineum. The usual operation was performed. The result was unsuccessful.

Thoracentesis—A lad, aged 16, is under the care of Dr. Stewart, in the Middlesex, on whom the operation of puncture of the chest has been performed by Mr. Moore. About eight ounces and a half of well formed pus were drawn off. Under care.

Puncture of the Bladder.—The case in which the bladder was punctured last month by Mr. Thompson, in the Marylebone, remains under care, and is, as far as the urinary apparatus is concerned, doing well. He has suffered from dysentery.

Case 1. A man, aged 33, in good health, was admitted into St. Bartholomew's, having four days before been attacked, without assignable cause, with retention of urine. No instrument could be introduced, as there was a false passage about three inches from the meatus, which it was found impossible to avoid. Although the bladder was greatly distended, yet, as some dribbling was taking place, and as the history did not point to impermeable stricture, Mr. Skey determined to give the opiate treatment a fair trial, before resorting to puncture of the bladder. This was done, but, after two days' delay, no benefit having been obtained, and the man's condition having become urgent, a trocar was introduced by the rectum into the bladder, and the urine evacuated. The canula remained in more than a fortnight, and the man has done remarkably well.

Opening of the Urethra for Stricture — A man, aged 55, in tolerable health, was admitted, under the care of Mr. Cock, into Guy's, on account of stricture and perineal fistulæ. He had suffered from stricture for upwards of twenty years. In 1848, Mr. Cock saw him in private, on account of most extensive extravasation of urine. Free incisions were practised; but, notwithstanding them, the whole perineum sloughed, including a length of two inches and a half of the urethra. During the healing process, catheters were retained, and at length a cicatrix formed, by which a very superficial new canal was constituted. There remained ever after a hollow in the perineum, and the newly-formed urethra passed immediately beneath the scar. The regular use of instruments was ever afterwards necessary. In 1853, the man was admitted into Guy's, under Mr. Poland's care, on account of retention, for which incisions into the urethra were necessary, the stricture being impermeable. On that occasion, pneumonia followed the operation, and all but proved fatal. When admitted, last month, under Mr. Cock, the stricture was still impassable, and there were about twenty fistulous openings in various parts of the perineum, scrotum, and around the anus. The operation performed consisted in opening the urethra just behind its diseased part, and in front of the prostate; the intention being to secure a direct channel of escape for the urine. The man has done well since. He is now up and about the ward. Many of the fistulæ are closing, and the urine escapes freely by the opening made.

Incisions for Extravasation of Urine.— A man, aged 45, was brought into the Marylebone, under Mr. Thompson's care, suffering from the extravasation of urine consequent on old and neglected stricture. The scrotum, perineum, and penis, were enormously swollen, and there were large sloughing patches. The swelling extended above the iliac crest on the right side, and to its anterior superior spine of the left. The bladder was felt, through the rectum, to be much distended. Free incisions were at once made in all the swollen parts, and on a following day, a yet deeper one was required in the middle line of the perineum, and had the effect of procuring the escape of urine in a powerful stream. With liberal support in the way of dietetic stimuli, the man struggled through, but it was only after the whole integuments of the penis, and a large portion of that from other parts, had sloughed away. He will now soon be well enough to be subjected to regular treatment for his stricture.—*Med. Times and Gaz.*, Jan. 26, and Feb. 2, 1856.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Medical Society of the State of Pennsylvania—Session, 1856.—The next Session of the Medical Society of the State of Pennsylvania will be held in the city of Philadelphia, commencing on Wednesday, May 28, 1856, at 11 o'clock A. M. Delegates who arrive in the city on the preceding day, are requested to report themselves on the afternoon of that day, between 4 and 6 o'clock, at the Hall of the College of Physicians, Spruce St., between 8th and 9th.

The building to be occupied by the Society during the Session, will be designated in the papers of the day.

Reports and communications to be laid before the Society, may be sent in advance to either of the Recording Secretaries.

Henry Carpenter, Lancaster.
Alfred L. Kennedy, Philada.

April, 1856.

Philadelphia College of Physicians —The following gentlemen have been elected delegates, from the College, to the next meeting of the Am. Medical Association:—

Drs. Franklin Bache, George B. Wood, Rodman Paul, C. D. Meigs, George W. Norris, John B. Biddle, R. P. Thomas, Thomas H. Yardley, Alfred Stillé, William V. Keating, William B. Page, and Henry Hartshorne.

Reduction of a Dislocated Femur by Manipulation.—It is stated (*Western Lan-*

cet, April, 1856) that Prof. Blackman, on the 22d of last March, succeeded in reducing, at the Commercial Hospital, Cincinnati, a femur, which had been dislocated for 24 weeks, by manipulating after the plan of Dr. Reid. The head of the femur was thrown on the dorsum of the ilium, causing a shortening of the limb of about two inches. The manipulation was performed while the patient was under the influence of chloroform.

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University in Michigan.—In our number for March last (p. 48), we noticed that an alternative mandamus had been issued by the Supreme Court of Michigan, compelling the Board of Regents of the University to appoint a Professor of Homœopathy, according to the act of the Legislature creating the chair, or show cause why the same is not done.

The following is the substance of the most important portion of the opinion of the Court, since delivered by the Chief Justice in this case:—

"The writ of mandamus is a high prerogative writ, not demandable of right, but issuing only in the sound discretion of the Court. This discretionary power will not be used except in cases of necessity or high importance, where an abuse has been committed which calls for the interposition of the Court. The facts in this case show that the effect of the action sought by the relator, would be to introduce a system antagonistic to that now in the University, and one which may be destructive of it. The Regents show that they have had the subject under consideration, and have instituted inquiry, and conducted an extensive correspondence, with a view to satisfy themselves concerning the best manner in which the proposed system can be introduced, if at all, and the most eligible candidate for the professorship, if created, and are still engaged in the same investigations. This Court cannot disregard their answer, and it is a sufficient response to the application. The Court cannot see that necessity for its own action, or that neglect in the Regents to do their duty, which must exist before they can properly be subjected to a mandamus."—*Peninsular Journal*, April, 1856.

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Medical Graduates in 1856.

Rush Medical College - - - -	41
Med. Dep. University of Nashville -	85
Starling College - - - - -	20
Jefferson Medical College - -	215
Massachusetts Medical College - -	29
New York Medical College - -	32
St. Louis Medical College - - -	50
Med. Dep. Univ. Missouri - -	28
Medical College of South Carolina -	85
University of Pennsylvania - -	142
University of the City of New York -	98
College of Physicians and Surgeons, New York - - - - -	40
Miami Medical College - - -	18
Medical College of Ohio - - -	17
Medical College of Georgia - -	73
Medical College of Savannah - -	12
Oglethorpe Med. College, Savannah -	8
Philadelphia Coll. Medicine - -	19
Dartmouth Medical College - -	15
Cleveland Medical College - -	38
University of Nashville - - -	85
University of Louisiana - - -	65
University of Michigan - - -	30

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Illustration of Quackery.—The following, which we cut from one of the daily papers, may amuse our readers:—

Oliver O. Woodman vs. *The Steamship Crescent City*.—This suit was brought to recover the value, alleged to be $480, of a barrel of "Magnetic Tincture, or Minor's Magical Fever Cure," alleged by the libellant to have been shipped on board the steamer at New Orleans, and to have been destroyed while being discharged at New York. The bill of lading specified the barrel as "one barrel liquid," on freight, as customary, and, at the foot of the bill, the clause, "contents unknown." It was proved that the freighting of liquids from New Orleans to this port had been confined almost exclusively to whiskey, alcohol, and molasses, in barrels; that the customary freight on whiskey was $1 95 per barrel, and that it was worth about $16 per barrel, and that freight was universally charged, on this line, in proportion to the worth of the contents of the casks, and that such casks were always secured by strong and marked hooping, which this was not; and that enough of the contents remained in the cask when stove to be tested and drank, and was pronounced, by the witnesses who drank it, to be whiskey. *Held by the Court*—That the libellant was bound in good faith to disclose to the ship the character and value of the article shipped. That on the bill of lading, the undertaking of the ship covers no more than the value of a barrel of ordinary whiskey. That the article was a nostrum of quack properties, and there is no satisfactory evidence that it was of any intrinsic or remarkable value above that of common whiskey. Decreed, that the libellant recover $15, the value of a barrel of whiskey, without costs. For libellant, Messrs. Emerson and Pritchard. For claimant, Messrs. Clark and Rapallo.

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Obituary Record.—Died, in Philadelphia, Feb. 29, Dr. Wm. P. C. Barton, Senior Surgeon of the U. S. Navy.

—— In Philadelphia, Feb. 13, in the 44th year of his age, Isaac A. Pennypacker, M. D., Professor of Practice of Medicine in the Philada. College of Medicine.

FOREIGN INTELLIGENCE.

Physiology and Pathology of the Supra-Renal Capsules.—Three communications, made last month at the *Societé de Biologie*, by Dr. Brown-Sequard, seem to introduce some interesting particulars into our knowledge of the pathology of the supra-renal capsules. At first, Dr. Brown-Sequard mentioned that, more than four years ago, in 1851 (*Comptes Rendus de la Soc. de Biol.*, 1851, p. 146, and *Gaz. Méd. de Paris*, 1852, p. 73), he had reported the results of many experiments, proving that, after certain injuries to the spinal cord in animals, the supra-renal capsules always become hypertrophied, after a few months. If the animals are killed a few days after the injury to the spinal cord, the supra-renal capsules are found in a state of hyperæmia, and sometimes they contain a clot of blood in their medullary substance. If the animal lives two or three months, or much more, after the injury, these organs are found to be twice or three times as large as in their normal state. The part which then becomes hypertrophied is the medullary substance. Since the year 1851, Dr. Brown-Sequard has had the opportunity of opening more than a hundred animals, upon which he had severely injured the spinal cord, and, in all these cases, he has found the supra-renal capsules in a state of congestion when the injury was recent, and hypertrophied when it had been inflicted many months before.

These facts seem to establish positively the existence of an influence of the spinal cord on the bloodvessels, and on the nutrition of the supra-renal capsules.

Lately, examining the supra-renal capsules of animals that had died of a very frequent disease, Dr. Brown-Séquard found that, in all the cases, there were morbid alterations in these organs. Instead of having its normal light yellow colour, the cortical part of these small bodies had almost the same colour as its medullary substance: that is, a brown-chocolate colour. The bloodvessels of these supra-renal capsules were in a state of congestion in all the cases. In five cases out of seven, there was an evident hypertrophy of the two capsules. In two cases, there was a serous cyst in one of the capsules. In one of the cases, it was impossible to distinguish the cortical from the medullary substance. In another case, the hypertrophy was very considerable; the length of one of the capsules was three times the normal length. In all the cases, the consistence of these organs had diminished, and in some cases they were extremely soft.

The symptoms consist in a considerable weakness, and almost always, during the last days, in a half liquid diarrhœa. At last convulsions take place, and the animals die in less than half a day after these have begun. Frequently, convulsions cease for a time, and then come on again. In the intervals of the fits, the animals seem to be paralytic. As yet, no change in the colour of the skin has been observed. In one case, where the right supra-renal capsule was much more altered than the left, the convulsions were by far more violent and frequent on the right side of the body than on the left.

This disease, which is extremely common in rabbits, and which is rare in guinea-pigs, seems to be constantly fatal, at least when convulsions have begun. Of the seven cases of this disease which have been seen by Dr. Brown-Séquard, since he knew of the discovery of Dr. Addison, six have been observed in rabbits and one only in a guinea-pig. The most careful examination of the brain and spinal cord in these cases, has not shown any disease in these organs. In one of the cases only—the last—the blood has been examined, and the red globules have been found altered; their shape was irregular, and their circumference dentated. The number of white capsules seemed to be much greater than usual, although the spleen appeared to be healthy. A microscopic examination of the supra-renal capsules, in two cases, showed an entire absence of the characteristic cells of the organ. There was as much fat as usual, and the well-known granules of the organ seemed to be normal.

About 200 healthy rabbits and guinea-pigs, which have been killed by Dr Brown-Séquard in a course of experimental physiology, have had their supra-renal capsules examined carefully. In none of them were the supra-renal capsules diseased. It seems, therefore, that there is a relation of causality between the morbid symptoms (weakness, diarrhœa, convulsions), and the state of the supra-renal capsules, in the seven cases where they have been found altered.

Now, if we take notice of the fact, that in the animals in which Dr. Brown-Séquard has found that an injury to the spinal cord is followed by a hypertrophy of the supra-renal capsules, and by a convulsive affection which resembles epilepsy, it seems that we are entitled to admit a relation between the state of these glands, the state of the spinal cord, and the existence of convulsions. We are led, besides, by facts observed by Dr. Brown-Séquard in the seven cases of that strange disease which is so common in rabbits and guinea-pigs, to admit that there is a relation between the nervous phenomena which Dr. Brown-Séquard has recorded and the disease of these organs; and, if we examine the cases published by Dr. Addison, and those collected by Mr. J. Hutchinson, we find that various nervous phenomena existed in all the cases (weakness, cephalalgia, vomiting, vertigo, numbness, paralysis, loss of sight, loss of memory, coma, and convulsions).

Jacobson has already found that the supra-renal capsules are frequently altered in cases of diseases of the spinal cord and of the brain. Bergmann has related two cases of co-existence of diseases of the brain with considerable alterations of the supra renal capsules. Hewson, Meckel, Klein, and Rayer, had recorded cases of acephalous monsters, in which the supra-renal bodies were atrophied or missing.

Dr. Brown-Séquard does not try to explain the relation existing between the cerebro spinal system and the supra-renal capsules. He merely points out that there is a great relation between these different parts, and he calls the attention of those physicians who have frequent opportunities of dissecting the bodies of persons who have died from nervous diseases, to the state of the supra-renal capsules. — *Med. Times and Gaz.*, March 22, 1856.

—

Operotions on Tuberculous Subjects.— The question of the propriety of surgical operations being performed where patients show a tendency to tuberculous deposit, has been recently decided in the affirmative. In a case of painful chronic knee joint disease, requiring amputation, sent up to Mr. Erichsen last month, to University College Hospital, he was unwilling to undertake the operation till a minute examination of the young man's chest had been made by Dr. Jenner. If such a patient were labouring under the advanced stages of tubercle, with emaciation, cough, and night-sweats; in other words, if such a patient could not, in all human probability, live very long, from suffering under advanced consumption, it would be a question whether there would be vigour enough for the healing of surgical stumps, in addition to the strength necessary to battle against the depressing influences of the lung disease; and the surgeon should not operate. But, in the present case, Dr. Jenner thought the removal of the limb would remove one exciting source of irritation, as tubercle was only threatening; and as a lesser evil of the two, he advised excision of the knee rather than amputation; which was performed on the 6th ult.—*Association Med. Journ.*, March 8, 1856.

—

Oleum Aurantiorum in Gastralgia.—M. Hannon states, that in several cases, he found orange peel oil the most efficacious remedy, and that when bismuth, opium, etc. have failed. He regards it quite as a specific, and gives from 6 to 10 drops twice in the morning, at two hours' interval. — *Med. Times and Gaz.*, March 22, from *Buchner's Repert.*, 1855.

—

Treatment of Cholera by Lime-Juice — Dr. Krause, in a letter dated Paraiba, Brazil, 16th of Feb., 1856, writes: "The cholera has at length broken out at Pernambuco, and here lime-juice is doing wonders in curing it. As soon as the person is taken sick, give him a hot foot-bath, and one or two tablespoonfuls of fresh squeezed lime-juice every five or ten minutes, until the thirst is quenched, and the natural heat brought on. Frictions over the whole body to be applied at the same time. God grant that it may continue to do good, as it is a greal consolation to the poor people to know that they have a remedy so close at hand!" —*Lancet*, April 5.

—

Concealment of Pregnancy.—The High Court of Justiciary of Edinburgh have decided that the disclosure of pregnancy to the reputed father is a sufficient answer to the charge of concealment.

—

Parturition of the Empress of the French. No authentic account of the parturition of the Empress of the French has yet been published. We gather, generally, that the labour was somewhat protracted, the infant much above the average size, and that the forceps had to be used. It is stated in the public journals, that the Empress did not take chloroform, but we have reason to know that this is not correct. After suffering for a considerable period, she begged to have chloroform administered to her; but M. Dubois, having a strong objection to its employment, only consented to the inhalation of a small quantity. The result, however, was anything but beneficial, great excitement and some delirium ensuing. The chloroform was immediately discontinued, but it was some little time before its injurious effects had entirely subsided. As the labour did not progress satisfactorily, and as the expulsive pains were evidently insufficient to effect delivery, it was determined, after a consultation, to apply the long forceps. These were used with great dexterity by M. Dubois, with the happy result of completing the labour with safety to the mother and child. The application of the forceps was attended with the production of a bruise on the face of the infant, but the injury is not at all serious, and is gradually but sensibly diminishing. The "milk fever" supervening has been of the ordinary character of this affection in mothers not nursing their children, and has been productive of no alarm. Happily, all is now well with both the Imperial patients.—*Lancet*, March 29.

—

Ichthyosaurus Discovered.—The remains of an ichthyosaurus have been discovered in raising the pavement of a stone-quarry near Bristol, imbedded in the blue lias, at a considerable depth from the surface. It is said to be one of the most perfect of the palæozoic species ever yet found. It measures upwards of seven feet in length, and two feet across the largest part of the body. It lies at full length, every bone can be seen and numbered, the sockets of the eyes and the nostrils can be distinguished and a row of formidable teeth in each jaw.—*Lancet*, March 29.

—

Egg of the Epyornis.—At a recent meeting of the Academy of Sciences of Paris, M. Geoffroy Saint Hilaire, the naturalist, presented another egg of the *Epyornis*, or gigantic bird of Madagascar; but, though not larger than those which some months ago were shown to the Academy, it was smoother, almost polished, and also marked by lines. The natives of Madagascar say the bird still exists in the interior of the island; M. St. Hilaire, however, thinks the species extinct. The inhabitants imagine the bird "can easily carry off an ox in its talons."—*Lancet*, April 5.

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Liebig's Lectures on Chemistry.—These lectures have been so crowded in Munich, that standing-room could hardly be found. The proceeds of the lectures are to be given to the "Schiller Foundation."—*Ibid.*

—

M Paul Dubois.—This distinguished obstetrician has been promoted to the grade of Commander of the Legion of Honour, by imperial decree, dated March 16, on the occasion of the happy deliverance of the Empress, on that day, of a prince.—*Ibid.*

—

Freedom of Berlin voted to Humboldt.—The honorary freedom of Berlin has just been voted to Humboldt by the magistracy and town council of the city of Berlin. The diploma, beautifully written and emblematically blazoned, states, "that it is offered to Frederich Alexander Wilhelm von Humboldt as a tribute to his great knowledge, and more especially for having simplified the study of the organic laws of creation in every country, and reduced to a simple system of uniformity what was formerly only inextricable confusion; to whose discerning view the interior of the earth has been opened, and the secrets of her superficies unveiled; by whom new realms of natural science have been laid open, and brought, with those already known, into one system, whereby the unity of our world-perceptions is fully reduced to one focus and established." —*Ibid.*

THE MEDICAL NEWS AND LIBRARY.

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MEDICAL PROGRESS.

American Medical Association. — The ninth annual meeting of this Association was held in the city of Detroit, Mich., in Fireman's Hall. The session was opened on *Tuesday, May* 6, at 11 o'clock A. M. The President, Dr. Geo. B. Wood, of Pennsylvania, in the chair.

Dr. Wm. Brodie, of Detroit, Secretary.

Dr. Pitcher, of Michigan, on behalf of the Committee of Arrangements, offered, in a few eloquent remarks, a cordial welcome to the delegates.

The list of delegates who had registered their names was reported by the Committee of Arrangements. The roll was then called by Dr. Caspar Wister, of Pennsylvania.

On motion of Dr. Thomson, of Delaware, a recess of fifteen minutes was taken, to allow the delegates from the respective States to report one member from each State represented, as a committee to nominate officers for the ensuing year.

At the expiration of the recess, the Association was called to order, and the different State delegations then reported their choice, respectively, of delegates to serve on the Nominating Committee, which was constituted as follows:—

Maine—N. P. Monroe.
New Hampshire—H. Peirce.
Vermont—C. L. Allen.
Massachusetts—H. H. Childs.
Rhode Island—J. E. Warren.
Connecticut—David Harrison.
New York—William Rockwell.
New Jersey—L. A. Smith.
Pennsylvania—John Neill.
Delaware—J. W. Thomson.
Maryland—P. Wroth.
South Carolina—E. Geddings.
Tennessee—J. B. Lindsley.
Kentucky—W. S. Sutton.
Minnesota—C. W. Le Boutillier.
Michigan—M. Gunn.
Ohio—Thos. W. Gordon.
Indiana—Dr. Winton.
Illinois—H. Noble.
Wisconsin—W. H. Brisbane.
Iowa—Dr. McGugin.
U. S. Army—Chas. Tripler.

Published monthly by BLANCHARD & LEA, Philadelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage to the subscriber.*

☞ *In no case will this work be sent unless the money is paid in advance.*

After the Nominating Committee had retired, Dr. Pitcher, of Michigan, from the Committee of Arrangements, submitted the following report:—

In conformity to the domestic and social usages of the place of meeting, the committee have to suggest that the sessions of the Association take place in accordance with the following plan, and that they commence and terminate each day at the hours designated therein:—

Tuesday—Morning session begins at 11 A. M., and ends at half past 12 M. Afternoon session begins at 2 P. M., and ends at 5 P. M.

Wednesday—Morning session begins at 9 A. M., and ends at half-past 12 M. Afternoon, no session.

Thursday—Morning session begins at 9 A. M., and ends at half-past 12 M. Afternoon session begins at 2, and ends at 5 P. M.

Friday—Morning session begins at 9 o'clock A. M.

This arrangement of the hours of meeting and adjournment conforms, also, to the suggestions contained in the resolutions of Dr. N. S. Davis, of Illinois, and which were, on his motion, referred to this committee for their consideration, by a vote of the Association. Regard for the mover of the resolutions, and the authority of the body by which they were submitted to us, requires from the committee a respectful reply. Your committee, in view of the existing state of our professional literature, feel reluctant to advise a departure from the present mode of labouring to promote a higher degree of culture in those preparing to become members of the medical profession, and to establish in those already engaged in its duties, a habit of recording the results of their observations. They think that the effects of such a change as is contemplated in the resolutions of Professor Davis, and the more amplified expression of his idea, contained in the address of the then President, Dr. Pope, of Missouri, delivered at Philadelphia, in 1855, can be easily foreseen. To a few who are gifted with colloquial powers, and to others who have undergone the discipline required to fit them for public debate, the interest of the meetings conducted upon the plan proposed in the resolutions would be greatly increased, but as the great body of the Association would, voluntarily, it is true, be excluded from participation in these exercises, the enthusiasm which now characterizes our anniversaries would subside, and with it the professional *esprit du corps* which has been already developed through the instrumentality of the Association. We presume that the objects for which this organization was effected, have not been lost sight of by the majority of its members. Neither can it be pretended that those purposes have been so far accomplished as to justify us in laying it aside, or of diverting it from its original design.

Your committee feel that the profession has no right to rail at the public for misappreciation of it, so long as we continue to admit men into its folds destitute of that knowledge, both in nature and degree, necessary to make a decent appearance in general society, or to fit a man for the more ordinary and less responsible pursuits of life. From the early records of the Association, it appears that this conviction, on the part of the profession in the United States connected with the design of reforming, in certain particulars, the medical schools of our country, led to its organization in 1847, and until its mission in both respects has been accomplished, the committee would reluctantly recommend the adoption of any measure tending, in their judgment, to divert it from the design of its creation. Thus far, the influence of the Association has gradually extended itself into the rank and file of the profession. It has increased the number of writers, given an impulse to the medical mind, and encouraged a useful and laborious class, gratified to observe, and willing to submit their observations to the public, because they can be incorporated into the body of the *Transactions* without being subjected to a sifting criticism. It is true, that in this way, articles have been printed that did not always enure to the credit of the Association, but, at the same time, and by that means, motion and fertility have been given to minds that would have lain fallow and unproductive, which the dread of the conspicuity belonging to a mental gymnasium would have driven into deeper obscurity. The committee, however, whilst they would resist any tendency to radicalism in their own opinions, cannot dismiss the subject without expressing their belief that, in order to secure the objects of our organization, it is as necessary to increase the breadth and depth of its base as to elevate the shaft designed to spring from it, for, without such preparation, the superstructure, however beautiful in aspect, would be of transient duration.

Having arranged the hours for meeting and adjourning, so as to place it in the power of the Association to adopt or reject, without inconvenience, the proposition of Dr. Davis, the committee respectfully ask to be excused from submitting a distinct proposition on the subject.

By order of the Committee of Arrangements.

Z. PITCHER, *Chairman.*

The report was accepted.

The President announced the death of one of the ex-Presidents of the Association, Dr. John C. Warren, of Boston, Mass.

Dr. Childs, of Mass., felt compelled to say a few words in this connection. He had been associated with the deceased for more than half a century, and should feel that he had been derelict of duty if he neglected to speak in his laudation. Dr. Warren was the nephew of Joseph Warren, who fell gloriously at the battle of Bunker Hill. He was at the head of his profession in Massachusetts—had been President of the State Medical Society, and occupant of other elevated medical positions. His professional reputation was high, and his personal reputation spotless. His fame was not confined to Massachusetts. Though devoted to medical science, he was not limited to that alone, but paid attention to every branch of literature and art. If young members of the profession would be useful and eminent, they should follow the example of Dr. John C. Warren. To the older, the speaker would point out Dr. W.'s moral character as an exemplar. Such a life as his inevitably terminates in a death beatified by a surety of eternal happiness.

Dr. Gross, of Kentucky, made some remarks eulogistic of the deceased. He alluded to his high reputation—a reputation, he observed, not confined to America, but extending to every corner of the civilized world. Dr. Warren was the Nestor of American surgery. Dr. G. concluded by offering the following :—

Resolved, That a committee of five be appointed to draft resolutions expressive of the feelings of this Association at the loss of their late associate, Dr. John C. Warren.

The resolution was adopted, and the President appointed as such committee, Dr. Gross, of Kentucky, Dr. Childs, of Massachusetts, Dr. Wood, of New York, Dr. Pitcher, of Michigan, and Dr. Geddings, of South Carolina.

On motion, the Association adjourned to 2 P. M.

MAY 6, *Afternoon Session.*

The Association was called to order at 2 o'clock P. M.

The Secretary read letters from the State Medical Society of Tennessee, and from the University of Nashville, inviting the Association to hold its next annual session at Nashville, Tennessee. Also, one tendering the use of the Hall of Representatives of that State for the purposes of said session.

On motion of Dr. Brodie, of Michigan, these were referred to Committee on Nominations.

The Committee on Nominations submitted the following report:—

The Committee on Nominations unanimously nominate the following officers of the American Medical Association for the ensuing year :—

President—Dr. Zina Pitcher, of Detroit.

Vice-Presidents — Drs. Thomas W. Blatchford, of New York; Wm. K. Bowling, of Tennessee; E. Geddings, of South Carolina; W. H. Brisbane, of Wisconsin.

Secretaries—Drs. Wm. Brodie, of Michigan; R. C. Foster, of Tennessee.

Treasurer—Dr. Caspar Wister, of Pennsylvania.

The report was accepted, and the nominations unanimously confirmed.

On motion of Dr. Atlee, of Pennsylvania, the President was requested to deliver his annual address.

[We hope to be able to find room in our next No. for this address.]

At the conclusion of the address, on motion of Dr. Atlee, of Pa.,

Resolved, That the thanks of the Association be presented to our late President for the able and interesting parting address he has just delivered, and that he be requested to present to the Committee of Publication a copy, for preservation in our Transactions.

On motion of Dr. Atlee, of Pa.,

Resolved, That a committee of three be appointed to inform the President and Vice-Presidents elect of their election, and conduct them to their seats.

The President appointed, as such committee, Drs. Atlee, of Pa., Reeves, of Ohio, and Sutton, of Ky.

Upon taking the chair, Dr. Pitcher said—

Although fully aware of my indebtedness, for this distinction, to your observance of a custom equivalent in force to positive law, of selecting your presiding officer, in each successive year, from the State in which the meeting of the Association is held, I feel myself more honoured by your partiality, than if I had received the same mark of respect from any other body of men known to the annals of our country.

This sentiment of regard for the body towards which I now hold, by this act of yours, so delicate and interesting a relation, has been inspired by a contemplation of the ideal of the physician, and strengthened by my growing acquaintance with the individuals which compose it.

Being unaccustomed to presiding in deliberative assemblies, I shall throw myself upon the indulgence of the Association, and rely upon the kindness and intelligent co-operation of the individual members for assistance, in performing the duties of the chair.

Whilst thanking you most cordially for this expression of confidence, I can only assure you that such abilities as I possess shall be devoted to the prosperity of the Association and the harmony of its proceedings.

Dr. Frost, of South Carolina, offered the following resolution, which was adopted:—

Resolved, That the thanks of this Association are due to the retiring officers for the zealous and efficient manner in which their duties have been performed; to our late President, for the courtesy and ability with which he has presided over our deliberations; to all the officers, for their attention to the laborious duties of their stations—not excepting our Committee on Publication, to whom we must feel indebted for the satisfactory form in which the volume of the *Transactions* appears.

On motion of Dr. Gunn, of Mich., it was

Resolved, That the resolution passed at St. Louis, requiring a majority of the Committee on Publication to be appointed from residents of the place where the meeting is held, be repealed.

Dr. Phelps, of N. Y., offered the following:—

Whereas, The pleasure and satisfaction of attending the deliberations of this Association would be greatly enhanced, the duties of the secretaries and reporters facilitated, and order at the same time secured, by the observance of two things, to wit: first, that the audience be put in possession of the name and residence of the speaker; and, secondly, that they be enabled distinctly to hear what he has to say; therefore,

Resolved, That no one be permitted to address the Association, except he shall have first given his name and residence, which shall be distinctly announced from the chair, and the member be required to go forward and speak from the stand, and not more than ten minutes at one time.

A motion to lay on the table was lost. The resolution was then adopted.

At the request of Dr. Gross, of Ky., his report upon "The Causes that Retard Medical Education and Literature," was made the special order for Wednesday at 10 o'clock.

Dr. Palmer, of Ill., from the Committee on Prize Essays and Volunteer Communications, submitted the following:—

"The Committee on Prize Essays and Volunteer Communications" report, that some months since they issued a card, which was extensively published in the medical journals, setting forth the terms upon which essays intended for prizes would be received; but that the number of papers presented has been but four.

By referring to the past records of the Association, it is found that the numbers received by preceding committees have been, in 1852, sixteen; in 1853, fifteen; in 1854, nine; in 1855, six; and in 1856, four. Your committee beg leave to call attention to this almost regular and quite rapid decrease in the number of essays presented, for the purpose of having the Association consider whether there be not danger that the number which may hereafter be furnished will be so small as to afford insufficient range of comparison and choice to cause the preference shown to be much valued, if, indeed, presentations do not cease altogether, and whether any means should be devised for preventing such a result.

The essays received by your committee have been subjected to a careful examination; and while admitting that they all possess a degree of merit which would render them suggestive and useful, if given to the profession, still, in their opinion, but one manifests that evidence of careful and laborious investigation, that wide scope and rigid accuracy of logical reasoning, that chasteness of expression and artistic skill in the presentation of the subject, as to furnish sufficient claim for awarding a prize by this body.

But one prize is, therefore, awarded. The essay selected for this honour bears the title: "An Essay on the Arterial Circulation."

It is regarded by the committee as possessing the merits just alluded to, and while not wishing to give an unqualified endorsement of all the views which it contains, they regard it as possessing not only interest in its physiological and scientific relations, but also real value in its pathological and practical bearings.

The production has considerable length, and by the fulness with which the views advanced are discussed, it partakes as much of the nature of a treatise as an essay. It has, at least, one quality which Lord Bacon considered necessary to a treatise, as distinguished from an essay—it required a degree of leisure on the part of the writer, and will require the same on the part of the reader for him fully to appreciate its value.

The essay bears the motto—"*Una est Veritas.*"

(Signed) A. B. Palmer, *Ch'n.*
Samuel Denton.
Silas H. Douglass,
Ab'm Sager,
E. Andrews.

On breaking the seal of the accompanying packet, Dr. Henry Hartshorne, of Philadelphia, Pa., was found to be the successful essayist.

The report was accepted.

Dr. Blatchford, of N. Y., from the Committee on "Hydrophobia, and the Connection of the Season of the Year with its Prevalence," read a report thereon. The committee, in conclusion, submitted the following resolution, which was adopted:—

Resolved, That the Secretary transmit to the Governor of each State a copy of the statistical part of this report, with the respectful request that he would bring the subject before the Legislature of the State over which he presides, that in their wisdom they may devise and unite upon a plan by which the evil may be mitigated, if not removed.

The Committee on Nominations reported in favour of holding the next annual meeting of the Association at Nashville, Tenn.

Dr. Gross, of Ky., moved to strike out "Nashville, Tenn.," and insert "Louisville, Ky." He thought Nashville at present difficult of access.

Dr. Geddings, of S. C., and Lindsley, of Tenn., advocated the adoption of the report.

Dr. Gross withdrew his amendment and the report was adopted.

Dr. Wister, of Pa., from the Committee on Publication, made the annual report. It states that the first copies of the *Transactions* of the last session of the Association were issued on the 10th of November, 1855; that 1,100 copies were printed; that the aggregate expense of printing, illustrating, and binding was $1,922 70; that the distribution of the volume was effected, in every possible instance, by express; that Drs. C. Hooker, of Ct., Alden March, of Albany, J. L. Atlee, of Pa., W. Brodie, of Mich., C. B. Gibson, of Richmond, E. L. Beadle, of N. Y., H. W. Dessaussure, of S. C., C. A. Pope, of Mo., D. H. Storer, of Mass., T. G. Richardson, of Ky., J. Moran, of R. I., T. Miller, of D. C., F. E. B. Hintze, of Md., L. P. Bush, of Del., Z. Pitcher, of Mich., and J. B. Lindsley, of Tenn., have rendered essential service to the Association—some in procuring subscriptions to the volume, and all by cordial co-operation in its distribution; that it is important to secure efficient co-operation in every State by the appointment of gentlemen whose duty it shall be to aid in procuring subscriptions for and circulating the *Transactions;* that Connecticut is especially to be commended for her services in this particular; that not a little embarrassment was experienced by the committee in restoring to the list of permanent members the names of those who had been left off by order of the Association for non-payment of assessments; that they had endeavoured, however, by careful comparison of the various lists, to supply all omissions; that the committee had been reluctantly obliged to omit from the *Transactions* two valuable reports on epidemic diseases—by Dr. L. H. Anderson, of Ala., and Dr. E. D. Fenner, of New Orleans—but, as they had not been presented to the Association, and acted on by that body, there was no other alternative; that the following resolution, passed at the last session, should be strictly enforced:—

Resolved, That, hereafter, beginning with the session of 1856, no report, or other paper, shall be entitled to publication in the volume for the year in which it shall be presented to the Association, unless it be placed in the hands of the Committee of Publication on or before June 1st.

The report further states that the number of volumes of *Transactions* now remaining on hand, is as follows: of Vol. I., 41; of Vol. II., 9; of Vol. III., 32; of Vol. IV., 7; of Vol. V., 316; of Vol. VI., 66; of Vol. VII., 120; of Vol. VIII., 351; that some of the leading journals abroad have expressed a strong desire to complete their sets, and it rests with the Association to determine whether the missing numbers shall be supplied; that, as only seven complete sets of the *Transactions* are now in the possession of the Association, the Committee recommend that no copy of either of the eight volumes which is necessary to the complete sets now remaining shall be disposed of separately, or with any number of volumes short of a complete set.

Dr. Atlee, of Pa., made some remarks upon the report, in the course of which he stated that the Smithsonian Institution had been offered as a permanent place of session for the Association. He concluded by moving that the Committee on Publication preserve five complete sets of the proceedings. Carried.

Dr. Wood, of Philadelphia, moved to refer the nomination of Standing Committees to the Committee on Nominations. Carried.

The same gentleman made a request, in behalf of Dr. Hamilton, that the committee of which Dr. H. is chairman may be continued for another year, it not being prepared to report at present. Granted.

Dr. Breckenridge, of Ky., stated that the Committee on Medical Literature was ready to report.

The President suggested that the reading of the report follow that of the report of Dr. Gross, which had been made the special order for Wednesday, at 10 A. M.

Dr. Palmer, of Chicago, stated that the Committee on Plan of Organization for State and County Medical Societies, was ready to report.

Dr. Pomeroy, of N. Y., moved to reconsider the resolution requiring a member, when speaking, to stand upon the platform, and not to occupy more than ten minutes in his remarks. Lost.

Dr. Smith, of N. J., moved that that portion of the resolution requiring members, when speaking, to take the stand, be rescinded. Carried.

Dr. Atlee, of Pa., moved to refer the prize essay of Dr. Hartshorne on Arterial Circulation, and the report of Dr. Blatchford on Hydrophobia, to the Committee on Publication. Carried.

Dr. Wister, of Pa., the Treasurer, read his annual report. It recommends that the Treasurer be requested, at an early date after the adjournment of the present meeting, to address a circular to each permanent member, announcing the abrogation of the resolution of 1854—making a yearly subscription to the *Transactions* obligatory—and the consequent restoration to membership of all those dropped from the published list of that year—advertising, also, the practicability of procuring back numbers of the *Transactions*, with information as to the cost at which the series of volumes may be rendered complete, or an entire set furnished by the Association.

Dr. C. Wister presented his annual report as Treasurer, audited by the Committee of Publication. It shows that, after paying all expenses, and the appropriation made last year to the Committee on a Stone for the Washington Monument ($498 70), there is a balance in the Treasury of nine hundred and fifty dollars and fifty-two cents.

The report was accepted, and referred to the Committee on Publication.

Dr. McNulty, of the New York Academy of Medicine, offered a resolution, that a committee of one from each State be appointed by the Committee on Nominations, to prepare, and report to the Association during the present session, an address to the people of the United States, setting forth the strong claims the medical profession have on their respect, gratitude, and confidence.

Dr. McNulty explained the purpose for which he offered the resolution. Many people, he said, had a prejudice against the medical profession for holding to the dignities of their calling, and entertained the idea that the science of medicine was a collection of absurdities and superstitions. He wanted to show clearly that this is not the fact, and, in this view, he thought the address proposed would have a beneficial effect.

Dr. Kittredge moved to amend the resolution by making it read that every member of the Association should take the stump and defend the cause.

After a few other remarks, the resolution was withdrawn.

Dr. Gross, of Kentucky, stated that Dr.

Wood, of New York, who was then in the meeting, had lately performed an operation in an extraordinary case—removing a jawbone—and moved that a time be appointed for the Association to examine the part extirpated.

Dr. Wood said he had not with him the article spoken of by the preceding speaker, but would lay it on the desk of the President this morning.

Dr. Gunn, of Mich., reported the following names of members by invitation: Dr. P. N. Curtis, of Tecumseh, Mich., proposed by Dr. M. A. Patterson, of Tecumseh; Dr. C. West, proposed by Dr. Z. Pitcher, of Detroit; Dr. James Bronson, of Newton Falls, Ohio, proposed by Dr. Thomas W. Gordon, delegate from the Ohio Medical Society; Dr. Benjamin Stanton, of Salem, Ohio, proposed by Dr. Geo. Mendenhall, of Cincinnati; Dr. Eames, of Ohio, proposed by Dr. Stockwell; Dr. N. K. Maniates, of Marshall, proposed by Dr. M. Gunn, of Detroit. The report was adopted.

The President read a communication from Dr. Stewart, chairman of the committee appointed last year to consider the subject of extending the lectures of each chair in medical schools over a period of two years, stating that the views of medical institutions had as yet been imperfectly ascertained, and asking a continuance of the committee. Granted.

Dr. Watson, of N. Y., moved that the Committee on Epidemics meet immediately after the adjournment. Agreed to.

The President read an invitation to the Association to attend the session of the American Association for the Advancement of Science, at Albany, in August next—at which time, also, the Dudley Observatory will be inaugurated, and an address delivered by Hon. Edward Everett. The invitation was accepted.

The Association then adjourned to meet on Wednesday morning, at 9 o'clock.

WEDNESDAY, *May* 7, *Morning Session.*

The Association was called to order by the President, at 9 o'clock.

The minutes of the previous session were read, corrected, and adopted.

The names of the delegates who had registered themselves since the previous report, were read.

The Secretary read communications from the following gentlemen, asking an extension of time in which to report upon the subjects named:—

Dr. A. J. Semmes, of N. Y.—"Coroners' Inquests."

Dr. J. Taylor Bradford, of Ky.—"Treatment of Cholera."

Dr. D. M. Reese, of N. Y.—"Infant Mortality."

Dr. E. R. Peaslee, of Me.—"Inflammation, &c."

Dr. J. W. Corson, of N. Y.—"The Causes of the Impulse of the Heart, and the Agencies which Influence it in Health and Disease."

Dr. Mark Stephenson, of N. Y.—"The Treatment best adapted to each Variety of Cataract, with the Method of Operation, Place of Election, Time, Age, &c."

Dr. Beech, of Mich.—"Medical Topography, and Epidemics."

Dr. J. C. Hutchinson, of N. Y.—"The Anatomy and Histology of the Cervix Uteri."

Referred to Committee on Nominations.

The Secretary announced that he had received the following resolution, adopted at the last meeting of the New York State Medical Society:—

Resolved, That the members of the American Medical Association be invited to attend the semi-centennial celebration of this Society, which will occur on the first Tuesday of February, 1857.

The invitation was accepted.

The Secretary read the following communication, dated April 7, 1856, from the Secretary of the Ohio State Medical Society:

SIR—At the annual meeting of this Society, held in June last, at Zanesville, Ohio, the following resolutions were adopted, and I was directed to furnish you with a copy of the same:—

Resolved, That the resolution offered by Dr. Grant (a member of this Society, but not at this or at that time a practitioner of medicine, but a lawyer) at the last session of this Society, viz: "That it is not derogatory to medical dignity, or inconsistent with medical honor, for medical gentlemen to take out a patent-right for surgical or mechanical instruments," was offered at a time when many members had left for their homes, and is not, therefore, the sense of the Society.

Resolved, That the said resolution is in direct opposition to the code of medical ethics adopted by this Society; and, therefore, be it further

Resolved, That said resolution, offered by Dr. Grant, and adopted by the Society, be and is hereby, rescinded.

The communication was ordered to be placed upon the minutes.

The Secretary read a communication from Dr. Hamilton, of Buffalo, N. Y., transmitting the second part of a report upon Deformities after Fracture and Dislocations, and asking for a correction of the minutes of last session in regard thereto. Dr. H. also asked that he be permitted to incorporate, in a volume upon the subject he is preparing for publication, that portion of the report already published by the Association.

On motion of Dr. Brodie, of Mich., the minutes were amended.

Dr. Atlee, of Pa., offered a resolution that the request of Dr. H., in regard to the publication of the report, be granted.

Dr. Lindsley, of Tenn,, opposed the resolution. A similar request was denied at the session of the Association held at St. Louis.

Dr. Palmer, of Ill., moved to refer the matter to a special committee. Carried.

The President appointed as such committee, Drs. Palmer, of Ill., Atlee, of Pa., and Hills, of Ohio.

The following gentlemen were admitted as members, by invitation, of the Association: Drs. Edward Cox and S. B. French, of Battle Creek, Mich., introduced by Dr. Gunn; Dr. O'Donohue, of Battle Creek, introduced by Dr. Coates; Dr. G. W. Carhartt, of Wayne, N. Y., introduced by Dr. Cone; Dr. S. A. Scott, of Woodstock, C. W., introduced by Dr. Stewart; Drs. E. R. Thornton, of Belleville, Mich., Holly, of Shiawassee, Mich., Foster, of Unadilla, Mich., and W. H. Stevens, of Mich., introduced by Dr. Denton; Dr. Thos. M. Franklin, of Lafayette, Ind., introduced by Dr. Rockwell.

Dr. Gunn, of Michigan, moved that those gentlemen from Canada, who are here by general invitation, be admitted in a body, and be requested to take seats on the platform during this morning's session. Carried.

The following gentlemen complied with the invitation:—

Dr. E. M. Hodder. F. R. S. Eng., Prof. of Midwifery and Diseases of Children, Trinity College, Toronto.

Dr. J. H. Richardson, M. R. C. S. Eng., Examiner in Anatomy, University of Toronto.

Dr. Norman Bethune, M. R. C. S. Eng., Prof. of Anatomy, Trinity College, Toronto, C. W.

Dr. Worthy Haswell, M. R. C. of Surgery, Eng.

Dr. A. K. Dewson, College Physicians and Surgeons, New York, Licentiate of Province of the Canadas.

Dr. George Coatsworth, Medical Department University of Buffalo, Licentiate of Province of the Canadas.

Dr. John Tarquand—Woodstock, C. W.

In receiving them upon the platform, the President, Dr. Pitcher, said he was happy to be the instrument of celebrating the nuptials by which we effect a scientific reunion of the two members of the Anglo-Saxon race, which have so long been separated by the political relations having their origin in the separation of the American colonies from the English crown.

Dr. Hodder, in behalf of his Canadian brethren, thanked the Association for the courtesy and kindness extended to them.

Dr. Sutton, of Ky., offered a resolution that 1,000 copies of the address of the late President, Dr. Wood, be published. Adopted.

On motion of Dr. J. B. Lindsley, of Tenn.,

Resolved, That a committee of three be appointed by the Chair, to prepare a suitable minute in reference to the death of our late Secretary, Dr. P. C. Gooch, of Richmond, Va., who fell a martyr while contending with the pestilence in Norfolk, in 1855.

The President appointed as such committee, Drs. Lindsley, of Tenn., Thomson, of Del.. and Mendenhall, of Ohio.

Dr. Gross, of Ky., from committee appointed the day previous, reported the following preamble and resolutions relative to the death of Dr. J. C. Warren, of Boston:—

Whereas, It has pleased Almighty God to remove from the scene of his earthly labours our late fellow-member, Dr. John C. Warren, of Boston, formerly President of this Association, and for many years Professor of Anatomy and Surgery in Harvard University;

And whereas, It is just and proper that, when a great and good man dies, his memory should be cherished by his fellow-citizens, and transmitted unimpaired to posterity for the encouragement of future ages; therefore, *Resolved*, That this Association has learned with profound regret the news of an event which has deprived the American medical profession of one of its oldest, most useful, and most illustrious members—American surgery, one of its greatest ornaments—science, one of its best friends—and humanity, one of its noblest benefactors.

Resolved, That the life of Dr. John C. Warren affords an example of a man who, notwithstanding the possession of ample riches, devoted himself, heart and soul, for upwards of half a century, to the cultivation and advancement of his profession, and to the good of the human race.

Resolved, That this Association deeply sympathizes with the family of Dr. Warren in their bereavement, and that the Secretary be requested to transmit to them a copy of these proceedings.

The preamble and resolutions were adopted and referred to the Committee on Publication.

Dr. Gross, of Ky., read a report on "The Causes which Impede the Progress of American Medical Literature." In conclusion, he submitted the following resolutions:—

Resolved, That this Association earnestly and respectfully recommends: 1st. The universal adoption, whenever practicable, by our schools, of American works, as text-books for their pupils. 2d. The discontinuance of the practice of editing foreign writings. 3d. A more independent course of the medical periodical press towards foreign productions, and a more liberal one towards American; and 4th. A better and more efficient employment of the facts which are continually furnished by our public institutions, for the elucidation of the nature of diseases and accidents, and, indirectly, for the formation of an original, a vigorous, and an independent national medical literature.

Resolved, That we venerate the writings of the great medical men, past and present, of our country, and that we consider them as an important element of our national medical literature.

Resolved, That we shall always hail with pleasure any useful or valuable work emanating from the European press, and that we shall always extend to them a cordial welcome, as books of reference, to acquaint us with the progress of legitimate medicine abroad, and to enlighten us in regard to any new facts of which they may be the repositories.

Dr. Phelps, of New York, moved that the report and resolutions, as a whole, be adopted.

At the suggestion of a member, the question was divided. The report was adopted.

Upon the reading of the first resolution, a member propossed to substitute "just" for "liberal" in line 8. Dr. Gross accepted the amendment.

Dr. Palmer, of Ill., wished to understand the meaning of the word "practicable," as employed in the resolution (line 3). If it meant that an inferior work by an American author was to be used in our medical schools, in preference to a superior one, treating of the same subject, by a foreign author, he was decidedly opposed to the resolution. If, when the American work was equal or superior to the foreign one, it is to be used, then he had no objection. He alluded to works by eminent English and French authors.

Dr. Gross explained. One of the works alluded to by Dr. P. must of necessity be used in our medical institutions of learning, as there is no work by an American author on the same subject. Foreign works should be used as books of reference, and American books, "when practicable," as text-books.

Dr. Yandell, of Ky., moved that the resolutions be made the special order for Thursday morning. Lost.

Dr. Cobb, of N. Y., was opposed to the resolutions. If adopted and sent out to the world, they savor too much of know-nothingism to make them palatable. [Sensation.]

Dr. Leidy, of Pa., was in favour of leaving to teachers of medicine the selection of their own text-books.

Dr. Davis understood there was another report touching upon the subject—that upon "American Medical Literature," by Dr. Breckenridge, of Ky. He moved to lay the resolutions upon the table until that report was read. Carried.

The Secretary read a communication from Dr. P. A. Jewett, of Conn., Chairman of the Committee to Procure Memoirs of the Eminent and Worthy Dead. Referred to Committee on Nominations.

Dr. Breckenridge, of Ky., read a report upon American Medical Literature.

On motion of Dr. Hooker, it was accepted and referred to the Committee on Publication.

The Association then adjourned till Thursday morning at 9 o'clock.

The Excursion.—The pleasure ride given in the afternoon, on board the steamer Western World, by the medical faculty of this city to their brethren attending the convention now in session here, was a very successful affair. About two hundred ladies and six hundred gentlemen participated in it, and all expressed themselves highly gratified.

The steamer left the dock at 4 o'clock, and, after proceeding some five or six miles into Lake St. Clair, rounded to, and again passed the city at a flying rate, towards Lake Erie, making the distance from abreast the Central Depot to Malden Light in an hour and seven minutes, though carrying but twenty pounds of steam. The weather was such as to confine the company to the cabins of the boat, but the unremitting exertions of the Committee of Arrangements and officers of the Western World, together with the excellent music of Lucker's cotillion band, rendered the confinement exceedingly pleasant. Dancing commenced shortly after leaving the city, and was continued without interruption until the return of the boat, at half-past nine o'clock.

A bountiful supper was prepared for the company in the after-cabin, in Mr. Wormer's best style.

Before separating for the night, a meeting of the members of the Association was organized on the boat, by the selection of Dr. N. B. Ives, of Connecticut, as Chairman, and Dr. N. B. Palmer, of Illinois, as Secretary.

On motion, Dr. Atlee, of Pennsylvania, Dr. Conwell, of Tennessee, and Dr. H. Monroe, of Maine, were appointed a committee, who reported the following resolutions, which were unanimously adopted:—

Resolved, That the thanks of the members of the American Medical Association be presented to the Michigan Central Railroad Company, for their liberality in tendering to the Committee of Arrangements for our use, their magnificent floating palace, the steamboat Western World, for the excursion this afternoon and evening.

Resolved, That our thanks be presented to the captain and officers of said boat for their polite attentions, and especially to Mr. Wormer and the stewards, for the careful preparation and beautiful arrangement of the luxurious viands provided by the committee for our entertainment.

Resolved, That the Secretary be instructed to send a copy of the above resolutions to the President of the Michigan Central Railroad Company, J. W. Brooks, Esq., R. N. Rice, Esq., Superintendent, and Chas B. Swain, Esq., Agent.

THURSDAY, *May* 8, *Morning Session.*

The Association was called to order by the President at 9 o'clock.

The minutes were read, corrected, and approved.

A communication from Dr. Wroth, of Md., relative to a report upon the Medical Topography of the eastern shore of Maryland, and one from Dr. Thomson, of Ky., relative to a report on "Chloroform," were referred to the Committee on Nominations.

The Secretary read a letter from E. S. Lesmoines, of St. Louis, inclosing an autograph letter from M. Dubois.

The Secretary read a communication from J. C. Holmes, Esq., the Secretary of the Michigan State Agricultural Society, presenting to the Association twenty-five copies of the *Transactions* of the Society for 1853, and also the same number of the *Transactions* for 1854.

Dr. Brodie, of Mich., moved that the thanks of the Association be returned therefor, and that one copy be presented to each State represented. Carried.

On motion, Dr. McGugin, of Iowa, was appointed a member from that State of the Committee on Nominations.

On motion of Dr. Atlee, of Pa.,

Resolved, That the President shall be authorized annually to appoint delegates to represent this Association, at the meetings of the British Association, the American Medical Society of Paris, and such other scientific bodies in Europe as may be affiliated with us. Adopted.

Dr. Gluck, of New York, offered the following:—

Whereas, During the present year a medical congress is to be held in Europe; therefore,

Resolved, That the American Medical Association send to that congress four delegates, representing the four sections of the Union.

Dr. Davis, of Ill., thought it might be necessary and proper to send a greater number than four. He moved to lay the resolution on the table. Carried.

Dr. Clendenin offered the following:—

Resolved, That a committee of one be appointed, for a period of three years, with instructions to report progress at each annual meeting of this Society, to investigate the etiology and pathology of epidemic cholera, and that said committee be allowed to add any other members to the same which they think may be necessary to further the objects of the appointment.

On motion, referred to the Committee on Nominations.

On motion of Dr. Mendenhall, of Ohio,

Resolved, That the Secretary be instructed to strike the name of C. H. Cleveland from the list of permanent members of this Association.

On motion of Dr. Atlee, of Pa.,

Resolved, That the name of James R. McClintock be stricken from the list of permanent members.

These expelled members were accused by the movers of the resolutions of having retrograded into quackery.

On motion of Dr. Bissell, of New York,

Resolved, That this Association has learned with deep regret the death of one of its members, Dr. Theodore Romeyn Beck, of Albany, N. Y., whose whole life has been devoted to the attainment and promotion of medicine and general science, and that we do hereby express our high appreciation of the excellencies of his character, distinguished by its simplicity, integrity, and firmness of purpose, and by the extent and variety of his acquirements in medical as well as in almost every other department of science.

Resolved, That the above resolution be referred to the Committee to Procure Memorials of the Eminent and Worthy Dead, and that they be requested to procure a memoir of the late Dr. Beck, to be published in the *Transactions* of the Association.

Dr. Bloodgood, of Ill., offered the following:—

Resolved, That the constitution of this Association be so amended as that hereafter the President shall be elected by ballot, and shall not be resident of the State in which he is elected.

On motion of Dr. Watson, of N. Y., laid on the table.

Dr. Gunn, of Mich., reported the following members present by invitation: Dr. Ashley, of Ypsilanti, Mich., introduced by Dr. Brodie; Dr. H. F. Ewers, of Union, Mich., introduced by Dr. B. White, of Saginaw; Dr. Alex. Ewing, of Dexter, Mich., introduced by Dr. Denton; Dr. Reynall, of Dansville, N. Y., introduced by Dr. N. W. Ely; Dr. G. F. McCarthy, of Ind., introduced by Dr. Davis; Dr. M. H. Andrews, of Jonesville, Mich., introduced by Dr. Cone; Dr. J. R. Coates, of Kalamazoo, Mich., introduced by Dr. S. Barrett; Dr. W. H. Stebbins, of Saline, Mich., introduced by Dr. Denton; Dr. D. L. Briggs, of St. Joseph County, Mich., introduced by Dr. Robinson.

Dr. Wister, of Pa., offered the following, which was adopted:—

Resolved, That the invitation to gentlemen of the medical profession of Canada, extended to them by the American Medical Association at its session in Philadelphia, be renewed for the meeting at Nashville, Tenn.; and that this Association may be safe from the introduction of unsuitable persons, it is recommended that gentlemen presenting themselves from the Province of Canada should be provided with a letter of introduction to this Association from one of the following gentlemen: Drs. Tarquand, A. Scott, Woodstock, Canada; Drs. Hodder, Bethune, Richardson, Bonell, Haswell, Widmer, Beaumont, Herrick, of Toronto; Drs. O'Reilly, Craiggie, Duggan, of Hamilton; Dr. Sampson, of Kingston.

Dr. Gunn, of the Committee of Arrangements, stated, that as several delegates from the east had manifested a desire to go to Buffalo on the magnificent steamer *Western World*, of the Michigan Central Railroad line, the agent had kindly acceded to a request to sail her for Buffalo on Friday (in advance of her regular time), if a specified number would take passage.

Dr. Phelps, of New York, offered the following:—

Whereas, It has pleased an All-Wise, but Inscrutable Providence, to visit the city of Norfolk, Va., and vicinity, with a desolating pestilence, equal, or surpassing, any recorded in ancient or modern times, and by which, in a few weeks, forty physicians, either residents or those from abroad, who had promptly rushed to the rescue, among the number of whom was our late Secretary and Associate, Dr. Gooch, of Richmond—have been swept away, therefore,

Resolved, That such an instance of signal and unflinching devotion to the cause of science and of humanity demands at the hands of this national association a passing expression of their high admiration of this, another memorable instance of the unparalleled sacrifices of the profession to the interests of the healing art and of the race.

Resolved, That this minute be incorporated in our *Transactions*. Adopted.

On motion of Dr. Palmer, of Ill., Rt. Rev. Samuel A. McCoskry, Episcopal Bishop of this diocese, was invited to a seat upon the platform.

The like courtesy was extended to Dr. Mussey, formerly President of the Association.

Dr. Stocker, of Pa., offered the following amendments to the Constitution:—

Amend Article 3 so that it shall read: "Article 3. The regular meetings of the Association shall be held annually, and commence on the first Tuesday of May. The Association shall meet biennially in the city of ——. The place of meeting for the intermediate year shall be determined by a vote of the Association."

Amend Article 4 by providing for one permanent and two assistant secretaries, and also specifying the duties, &c. of each.

Laid on the table under the rule.

Dr. Dorsey, of Ohio, offered the following:—

Resolved, That in May, 1858, and every third year thereafter, this Association meet at Washington City, and that the present officers be requested to correspond with the Board of Managers of the Smithsonian Institute, in regard to furnishing necessary rooms for keeping of the archives of the Association.

Laid on the table under the rule.

On motion of Dr. Sheets,

Resolved, That it is derogatory to the dignity of the medical profession to notice the works of irregular practitioners in our medical periodicals.

Dr. Frost, of S. C., objected to the introduction of resolutions. He thought it irregular. Reports were the order.

Dr. Davis, of Ill., moved that reports be made the special order. Carried.

Dr. Watson, of N. Y., moved to reconsider the last vote, in order to take up the resolutions attached to the report of Dr. Gross, of Ky., upon the "Causes which Retard American Medical Literature." Carried.

The resolutions were taken up. The question being upon their adoption—

Dr. Gross read extracts from his report, explained the intent of the resolutions, insisted upon their necessity, and advocated their adoption.

Dr. Davis, of Ill., was opposed to adopting any report. There were now before the Association two reports [the one by Dr. Gross, of Ky., and one by Dr. Breckenridge, of Ky.], presenting directly adverse views. He thought both should be accepted and referred to the proper committee—nothing more.

Dr. Breckenridge, of Ky., said the point at issue is—whether the Association will favour the sectionalism or the universality of medicine. If Dr. Gross's report and resolutions are adopted we decide in favour of the former.

Dr. Cobb, of N. Y., foresaw the difficulty that would arise in adopting Dr. Gross's report the day previous.

Dr. Watson, of N. Y., moved to reconsider the vote by which the report was adopted. Carried.

He then moved that the report be accepted. Carried.

On motion of Dr. Atlee, of Pa., the report and resolutions of Dr. Gross, and the report of Dr. Breckenridge, upon "American Medical Literature," were referred to the Committee on Publication.

Dr. Palmer, of Ill., from Special Committee to which was referred the communication of Dr. Hamilton, reported the following resolution, which was adopted:—

Resolved, That leave be granted to Dr. F. H. Hamilton to make use of the materials of his report on "Deformities after Fractures," which is in course of publication by this Association, in his anticipated work upon "Fractures and Dislocations."

Dr. A. B. Palmer, Professor in the Michigan University, from the Committee on Plans of Organization for State and County Medical Societies, presented a lengthened and able report, containing numerous useful suggestions, with outlines for the proper organization of local societies, and a series of resolutions in accordance with the views enforced in the report. Accepted, and referred to the Committee on Publication.

On motion, the resolutions were temporarily laid on the table for further action by the Convention.

Dr. Davis, of Illinois, chairman of Special Committee, reported on "The Changes in the Composition and Properties of the Milk of the Human Female, Produced by Menstruation and Pregnancy," in a paper containing numerous valuable details of much interest to the profession and the public, obtained by careful examination and comparison, and showing conclusively the ill effects of lactation, especially during the latter of the periods referred to. Accepted, and referred to Committee on Publication.

Dr. Chas. Q. Chandler, of Missouri, who was to report on "Malignant Periodic Fevers," submitted, as a substitute, through Secretary Brodie, a paper on "Sulphate of Cinchona," which was received as a "voluntary contribution," and referred to a special committee.

Dr. Johnson, of Chicago, asked further time to report on "Excretions, &c." Referred to Committee on Nominations.

Dr. J. M. Newman, of Buffalo, from Committee on "the Sanitary Police of Cities," presented an elaborate report, embracing details of the various estimated causes of disease in cities, as compared with rural localities, together with numerous valuable statistics of mortality in the largest cities of Europe and the Union, of which the doctor, at the request of the Association, gave a brief verbal abstract. The report evidently embodies a vast mass of useful information, with deductions from it that city life is inimical to health and longevity, and arguments enforcing the urgent necessity for ameliorating the sanitary condition of the populous localities of cities and large towns. Of diseases arising from impure air and insufficient ventilation, classed under the term "zymotic," the report stated that, in 1850, 40 per cent. of all the deaths in the various cities were of that nature. The report also embodied details of the loss of life from cholera, smallpox, &c., giving startling expositions of danger from these sources, and recommends the enactment of laws for compulsory ventilation and cleanliness, as well as for vaccination, &c. Accepted and referred to Committee on Publication.

The President here requested such delegates as would prefer to take passage, on their return, on the Michigan Central Railroad Company's steamer Western World for Buffalo, which leaves to-day at 12 M., to signify their wishes.

Adjourned to 2 P. M.

May 8, *Afternoon Session.*

The Association met at 2 o'clock.

Dr. Frost, of Charleston, S. C., offered the following resolution, which was adopted:—

Resolved, That the thanks of this Association are due to the retiring officers for the zealous and efficient manner in which their duties have been performed; to our late President, for the courtesy and ability with which he has presided over our deliberations; to all the officers, for their attention to the laborious duties of their stations—not excepting our Committee on Publication, to whom we must feel indebted for the satisfactory form in which the volume of the *Transactions* appears.

Dr. A. J. Fuller, of Me., chairman of the Committee on the Best Treatment of Cholera Infantum, read a report thereon, in which he stated that the pathology of the disease was little understood, and that physicians should interchange views on the subject.

The report was accepted and referred to the Committee on Publication.

Dr. Green, of N. Y., chairman of the Committee on the Use and Effects of Application of Nitrate of Silver to the Throat, read a report thereon. He asserted that great benefits had been derived from topical medication in thoracic diseases—tuberculosis, bronchitis, &c. The report was accepted and referred to the Committee on Publication.

Dr. Flint, of Louisville, chairman of the Committee on the best Mode of Rendering the Medical Patronage of the National Government Tributary to the Honour and Improvement of the Profession, read a report thereon. He denounced the granting of patents by the United States government to "quack medicines,"—stating, however, that it appears, from a letter written by the present Commissioner of Patents, that the practice of the Office has been to discourage such a use of its functions, and that, during the past fifteen years, but four or five such patents have been granted, although from twenty to thirty applications therefor have been made per year. The credit of sanitary improvements, Dr. F. said, were not due to individuals, but to medical science. Such improvements are never discoveries or revelations, but inductions. The United States government should aid the great cause of medical science by making appropriations for the publication of the Transactions of the National Association, and by paying prizes for the best essays on subjects selected by that Association. The report was accepted and referred to the Committee on Publication.

The Committee on Nominations made the following report:—

The Nominating Committee beg leave to make the following report:—

For Chairman of Special Committees for 1857:

Dr. E. R. Peaslee, of Brunswick, Me., on Inflammation, its Pathology and its Relation to the Recuperative Process.

Dr. J. C. Hutchinson, of Brooklyn, N. Y., and Charles E. Isaacs, of New York city, on the Anatomy and Histology of the Cervix Uteri.

Dr. J. Taylor Bradford, of Augusta, Ky., on the Treatment of Cholera.

Dr. Mark Stevenson, of N. Y., on the Treatment best adapted to each Variety of Cataract, with the Method of Operation, Place of Election, Time, Age, &c.

Dr. J. W. Corson, of N. Y., on the Causes of the Impulse of the Heart, and the Agencies which Influence it in Health and Disease.

Dr. D. Meredith Reese, of N. Y., on the Causes of Infant Mortality in Large Cities, the Source of its Increase, and the Means for its Diminution.

Dr. J. Foster Jenkins, of Yonkers, N. Y., on Spontaneous Umbilical Hemorrhage of the Newly Born.

Dr. Henry Carpenter, of Lancaster, Pa., on the Use of Instruments in Obstetrical Practice.

Dr. Alex. J. Semmes, of Washington, D. C., on the Measures to be adopted to Remedy the Evils Existing in the Present Mode of Holding Coroners' Inquests.

Dr. J. Marion Sims, of New York city, on the Treatment of the Results of Obstructed Labour.

Dr. J. B. Flint, of Louisville, Ky., on the True Position and Value of Operative Surgery as a Therapeutic Agent.

Dr. G. Volney Dorsey, of Piqua, Ohio, on the Causes and Cure of Indigestion, especially in relation to the Therapeutic Indications to be derived from the Chemical Composition of the Deposits in the Urine.

Dr. C. B. Coventry, of Utica, N. Y., on the Medical Jurisprudence of Insanity, and the Testimony of Skilled Witnesses in Courts of Justice.

Dr. Jos. Leidy, of Philadelphia, Pa., on Human, Animal, and Vegetable Parasites.

Dr. M. D. Darnall, of Bainbridge, Ind., on the Value of a Strict Attention to Position in the Treatment of Diseases of the Abdomen.

Dr. George Sutton, of Aurora, Ind., on Milk Sickness.

Dr. Clark J. Pease, of Janesville, Wis., on the Blending and Conversion of the Types of Fever.

Dr. B. S. Woodsworth, of Fort Wayne, Ind., on the Best Substitute for Cinchona and its Preparations in the Treatment of Intermittent Fever and Malarious Neuralgia.

Dr. Franklin Hinkle, of Marietta, Pa., on the Use of Cinchona in Malarious Diseases.

Dr. Henry V. Campbell, of Augusta, Ga., on the Nervous System in Febrile Diseases.

Dr. John Neill, of Philadelphia, Penn., on the Laws Governing the Deposit of Bone.

Dr. John W. Greene, of N. Y. city, on the Intimate Effects of Certain Toxicological Agents in the Animal Tissues and Fluids.

Dr. George Suckley, U. S. A., on the Medical Topography and Fauna of Washington Territory.

Dr. Jas. Cooper, of Hoboken, N. J., on the Flora of Washington and Oregon Territories.

Dr. Chas. E. Isaacs, of N. Y., on the Intimate Structure and the Pathology of the Kidney.

Dr. Israel Moses, of New York city, on the Diseases Incidental to Europeans from Temperate Climates in their Transition through Central America.

Dr. T. W. Gordon, of Georgetown, Brown County, O., on the Etiology and Pathology of Epidemic Cholera, to be continued three years, and with power to add any other members.

Dr. H. A. Johnson, of Chicago, on the Excretions as an Index to the Organic Changes going on in the System.

Dr. D. D. Thomson, of Louisville, on the Remedial Effects of Chloroform.

STANDING COMMITTEES.

Committee on Publication.—Drs. Francis G. Smith, of Pa., Chairman; Caspar Wister, of Pa.; Samuel L. Hollingsworth, of Pa.; Samuel Lewis, of Pa.; H. F. Askew, of Del.; Wm. Brodie, of Mich.; R. C. Foster, of Tenn.

Committee on Prize Essays.—Drs. Wm. K. Bowling, of Tenn., Chairman; E. B. Haskins, of Tenn.; Thomas Lipscomb, of Tenn.; A. H. Buchanan, of Tenn.; B. W. Avent, of Tenn.; W. A. Cheatham, of Tenn.; Paul F. Eve, of Tenn.

Committee of Arrangements.—Drs. C. K. Winston, of Tenn., Chairman; Ira Conwell, of Tenn.; William D. Haggart, of Tenn.; J. L. C. Johnson, of Tenn.; F. A. Ramsay, of Tenn.; Geo. Grant, of Tenn.; J. B. Lindsley, of Tenn.

To fill vacancies in the Committee on Medical Topography and Epidemics:—

New Hampshire—Dr. V. P. Fitch, of Amherst.

California—Dr. Robert Murray, of Fort Miller.

To fill vacancies in the Committee upon a Uniform System of Registration of Marriages, Births, and Deaths:—

Vermont—Dr. Adrian T. Woodward, of Castleton.

Connecticut—Dr. Wm. B. Casey, of Middletown.

Virginia—Dr. R. W. Haxall, of Richmond.

California—Dr. Arthur R. Stout, of San Francisco.

They recommend the continuance of the "Committee to Procure Memorials of the Eminent and Worthy Dead," and that the report, as far as prepared, be referred to the Committee on Publication.

STANDING COMMITTEES.

On Medical Education—Drs. E. Geddings, of S. C., Chairman; C. W. Le Boutillier, of Minnesota; G. F. Mitchell, of Ohio; S. W. Clanton, of Ala.; S. W. Butler, of N. J.

On Medical Literature—Drs. R. Hills, of Ohio, Chairman; D. W. Yandell, of Ky.; R. R. Porter, of Del.; H. A. Johnson, of Ill.; Charles E. Swan, of Maine.

The President stated that Dr. Anderson, of Ala., chairman of Committee on Medical Education, had sent in his report. It was accepted, and referred to the Committee on Publication.

A report from Dr. Wroth, of Md., on the Medical Topography and Epidemics of the Eastern Shore of Maryland, was accepted and referred to the Committee on Publication.

A report from Dr. Cain, of S. C., on the Epidemic of Yellow Fever in Charleston, in 1854, was accepted, and referred to the Committee on Publication.

A report from Dr. Fenner, of La., on the Medical Topography and Epidemics of Louisiana, was accepted, and referred to the Committee on Publication.

Secretary Brodie stated that he had received a letter from Dr. Dillard, U. S. N., appointed on the Committee on Medical Topography and Epidemics, saying that he could not act, in consequence of having received no appointment as delegate to the Association from the Surgeon-General.

Dr. Gunn, of Michigan, said three communications had been handed to the Committee of Arrangements by the Secretaries, which they (the Committee) had not time to examine. He asked that a special committee be appointed to report on volunteer communications.

Dr. Palmer, of Ill., offered the following, which was adopted:—

Resolved, That the volunteer communications in the hands of the Committee of Arrangements be referred, with all other such communications, to a special committee, to be appointed by the Chair, residing at the place of publication of the *Transactions;* and if, in their judgment, the papers are worthy, they be referred by them to the Committee on Publication, to go into the *Transactions* of the Association.

The President appointed as such committee, Drs. A. Stillé, S. Jackson, and J. B. Biddle.

The authors and titles of the volunteer communications were announced by Secretary Brodie, as follows:—

By Dr. C. J. Chandler, of Rocheport, Mo.—"On Sulph. Cinchona in Periodic Diseases."

By Dr. Isidor Gluck, of New York—"On Formation of Gunshot Wounds, &c."

By Dr. G. P. Hachenberg—"On an Improved Method of Applying Compression to the Scrotum."

A member of the Committee on a Uniform System of Registration of Marriages, Births, and Deaths, stated that they were unable to make a report at present, in consequence of the death of their chairman, Dr. Wilson, of Conn.

The Committee on Medical Literature for 1855, was continued for another year.

Dr. Neill, of Phil., offered a resolution that no medical preparation, account of surgical operation, or anything else, designed or calculated to give notoriety to an individual, be laid before the Association, until reported upon by a special committee.

Dr. Wood, of N. Y., presumed that this resolution was aimed at him. He had come here with the description of a disease never before described by surgeons—[phosphorous disease of jaw-bone.] He had felt great delicacy in inviting the attention of the Association to the subject, and it was not until after consultation with many of the most prominent members of the body, that he had permitted a friend to do so. As for the charge of seeking notoriety, he denied it *in toto.* He had aimed at no such purpose, and he felt wounded at the tone of the resolution.

Dr. Neill disclaimed the intention of personal allusion in the resolution he had offered. That resolution embodied a principle which never should be violated.

After some further discussion, the resolution was withdrawn; and on motion of Dr. Gross, his resolution adopted on the first day of the session was stricken from the minutes.

Dr. Gross, of Louisville, tendered, in behalf of the medical profession and the citizens of Louisville, an invitation to the Association to meet in that city in May, 1858. Placed on file.

Dr. Dorsey, of Ohio, offered the following resolution, which was adopted:—

Resolved, by the American Medical Association, That the Committee of the Etiology and Pathology of Cholera be instructed to memorialize the Congress of the United States, requesting that honourable body to grant every necessary assistance which can or will promote the objects for which the committee has been appointed.

The Secretary read a communication from the Royal Medical and Chirurgical Society of England, thanking the American Medical Association for their present of the eighth volume of their *Transactians*. Ordered to be placed on file.

Dr. Wister, of Pa., offered the following, which was adopted:—

Resolved, That a committee of three be appointed by the President, to correspond with the proper officer of the Smithsonian Institute, inquiring into the possibility of procuring a chamber in that Institution for the uses of this Association.

The President appointed as such committee, Drs. Wister, of Pa., Hall, of Washington, and J. Neill, of Pa.

Dr. Phelps, of N. Y., offered the following, which were adopted:—

Resolved, That the thanks of this Association are due, and are hereby tendered, to the Fire Department of the city of Detroit, for the use of their large and commodious hall, so amply furnishing to us accommodation for the convenient transaction of business.

Resolved, That the urbane deportment and elegant hospitalities of the profession, and of private individuals, as well as the polite attentions of citizens generally, demand of this Association a high appreciation of the cultivated manners of this city of the West, and which has tended greatly to enhance the pleasure of the session here of the delegates from abroad.

The Association adjourned.

SATURDAY, *May* 9.

The Association was called to order by the President at 9 o'clock.

The minutes were read, corrected, and approved.

Dr. Palmer, of Ill., moved that Dr. Coolidge, U. S. A., be substituted in the place of Dr. Finley, U. S. A., as a member of the Committee on Medical Topography and Epidemics. Dr. Palmer said he made the motion by request. Carried.

The following additional members (present by invitation) were reported: Dr. Sanders, of Monroe, Mich., introduced by Dr. Rice; Dr. R. K. Rodgers, Suspension Bridge, N. Y., introduced by Dr. Brodie; Dr. Dwight, Nims, Calhoun county, Mich., introduced by Dr. Gunn.

Dr. Atlee, of Pa., offered the following, which was adopted:—

Resolved, That all voluntary communications hereafter presented to the Association, shall be referred to a Special Committee, to be appointed by the President on the first day of each annual meeting, whose duty it shall be to examine such communications and report upon the propriety of their presentation and reference to the Committee of Publication.

Dr. Lindsley, of Tenn., from the Special Committee appointed the day previous, reported the following preamble and resolutions:—

Whereas, The exhibition of high courage and of self-sacrificing devotion to the good of others is ever honourable to a profession by whose members it is manifested, and worthy of their remembrance and emulation; therefore,

Resolved, That in the death of P. Claiborne Gooch, of Richmond, Va., who nobly volunteered his services during the pestilence at Norfolk, we recognize a loss to this Association, the profession, and the country. His arduous and successful labours as Secretary of the meetings at Charleston and Richmond, merited the regard of this Association. The zeal, ability, and industry manifested by him as founder and editor of the *Stethoscope*—the first medical periodical established in the State of Virginia—showed his devotion to the cause of medical progress and activity, and the manner of his death gave signal evidence that he was one of whom his country might well be proud.

Resolved, That a copy of these resolutions be transmitted by the Secretary to the relatives of the late Dr. Gooch.

The resolutions were adopted, and had the usual reference.

On motion of Dr. Palmer, of Ill.,

Resolved, That the Committee on Registration have leave now to present a partial report, which is hereby referred to the Committee on Publication.

Dr. Denton, of Mich., offered the following:—

Resolved, That a committee of three shall be appointed, whose duty it shall be to enlist some enterprising publisher to aid in collecting and arranging material for an American Medical Directory.

On motion of Dr. Watson, of N. Y., laid on the table.

Dr. Leidy, of Pa., offered the following:—

Whereas, It is the object of this Association, in the award of prizes for communications on subjects appertaining to medical science, to encourage the progress of the latter; and as this result cannot be better attained than through original investigation and discovery—

Resolved, That hereafter an annual prize of —— dollars be awarded for the best memoir or essay founded on original investigations of the author; and in case of no memoir or essay being presented worthy of such award, the prize money to be appropriated towards the expense of publishing and illustrating such memoirs as may be subsequently deemed worthy of an award.

The resolutions, together with the suggestions of the Committee on Prize Essays, as to whether any means can be devised to cause an increase of the number of essays presented, were referred to a Special Committee, consisting of Drs. Leidy, Wood, and C. D. Meigs, of Pa.

Proposed amendments to the Constitution being in order, Dr. Smith moved that the proposition to amend by providing that "any member who omits to pay for the published *Transactions* for three successive years, shall be considered as withdrawn," be laid upon the table until the next annual meeting of the Association. Carried.

The Secretary read an invitation to the Association to attend the next annual meeting of the Massachusetts State Medical Association. Accepted.

Dr. R. K. Smith offered the following:—

Resolved, That a Special Committee be appointed to report to the next meeting of the American Medical Association a classification of those diseases which involve a derangement of the medical manifestations.

Adopted, and Dr. Smith appointed chairman of said committee, with power to choose his associates.

On motion of Dr. Atlee,

Resolved, That the Committee on Publication be requested to transmit annually to the Epidemiological Society, of London, a copy of our *Transactions*.

On motion of Dr. Gunn, of Mich.,

Resolved, That any new medical institution not heretofore represented in this body, be requested to transmit to the Secretary, with the credentials of its delegates, evidence of its existence, capacity, and good standing.

Dr. Phelps, of N. Y., offered a preamble and resolutions relative to the relation existing between medicine and religion. Laid on the table.

Dr. McGugin offered the following:—

Resolved, That a Special Committee be appointed to report on the subject of "Stomatitis Materna."

Adopted, and Dr. McGugin appointed chairman of such committee.

On motion of Dr. Bailey, of Ill., Dr. Davis, of Chicago, was requested to continue his observations on the changes produced in the composition and qualities of milk by pregnancy and menstruation; also the best substitute for the mother's milk when weaning becomes necessary; and report at the next meeting of the Association.

A report from the Committee on Railroads, &c. was read, and the same committee continued to next meeting.

On motion of Dr. Smith, of N. J., the resolutions of Dr. Palmer, offered the day previous, were taken from the table and referred to the Committee on Publication.

On motion of Dr. Atlee, of Pa., the thanks of the Association were returned to those railroads that had evinced a liberality in conveying delegates to and from the Association.

On motion of Dr. Palmer, of Ill.,

Resolved, That the thanks of the Association be presented to the press of the city of Detroit, who have taken so much interest in reporting the proceedings of this meeting.

The Association then adjourned to meet in Nashville, Tenn., in 1857.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Medical Graduates in 1856.—We are enabled to make the following additions to our list of Medical Graduates in 1856:—

Medical Department of Pennsylvania College	37
Medical Department of Yale College	13
University of Louisville	61
Memphis Medical College	10
Med. Dep. Transylvania Univ.	11

New Medical School in the City of New Orleans.—Under the general law of the State of Louisiana, an institution has been duly organized and incorporated under the title of the "*New Orleans School of Medicine*," with powers to teach medicine and grant diplomas.

California State Medical Society.—The Sacramento Medical Society and the San Francisco County Medico-Chirurgical Society have issued an invitation to the medical men of California to meet in Convention in Sacramento, on the second Wednesday in March, 1856, for the purpose of organizing a State Medical Society.

We trust that the invitation has been responded to, that a State Society has been formed, and that it will be represented at the meeting of the American Medical Association next year.

Jefferson Medical College.—Dr. THOS. D. MUTTER has, in consequence of impaired health, resigned the chair of surgery in this school which he has for many years filled with signal ability. He carries with him in his retirement the best wishes of numerous friends for the restoration of his health and the happiness of his future days.

Prof. S. D. GROSS, of Louisville, Ky., has been unanimously elected to the chair vacated by Dr. Mutter. The high reputation which Dr. G. enjoys, affords the assurance that, should he accept the appointment, he will ably perform its duties.*

OBITUARY RECORD.—Died, in Boston, May 4th, 1856, JOHN C. WARREN, M. D., aged 78 years. Dr. Warren stood pre-eminent as a skilful surgeon; as a lucid teacher; and as an ardent and untiring student even to the last hours of his existence, and has closed his earthly career full of years and full of honours.

FOREIGN INTELLIGENCE.

Quintuple Birth.—The wife of a guard in the service of the Northwestern Company, Birmingham, was safely delivered of five children—three boys, alive, and doing well, and two girls born dead.—*Med. Times and Gaz.*, April 19, 1856.

Population of Algeria.—Some interesting facts have recently been published by the French Government. The population of Algeria, at the end of 1854, amounted to 151,691 Europeans, of which number there were — 50,662 males; 30,112 females; 56,613 young persons under 15; 8,304 not specified. Of these 151,691 inhabitants, 79,577 were French, and the remainder natives of various countries, those of Spain numbering 39,339, and the English only 434. The indigenous tribes numbered 2,056,098, viz:—625,296 males; 630,800 females; 800,202 under 15. During the three last years there had taken place among the Europeans 17,687 births, and 19,004 deaths. With a very small proportion of aged persons, the mortality in several localities had been much greater among the Europeans than that of France during the cholera year, 1849; this mortality being considerably less among the other Europeans than among the French inhabitants. The mortality among the French is also on the increase. Thus it was—

---

* June 9. Dr. Gross, we understand, has accepted.

In 1842—1844 44.3 per 1000
" 1845—1847 46.0 " "
" 1848—1850 67.6 " "
" 1851—1853 47.9 " "

giving a mean of 51.6 per 1000, or 1 death in 19.3 inhabitants.—*Ibid.*

—

Prof. Owen.—This gentleman has been appointed the head of the Natural History Department of the British Museum, with a salary of four thousand dollars a year. It is expected that Mr. Quekett will be appointed his successor in the curatorship of the College of Surgeons.

—

Poisoning by Aconite Root.—Dr. F. Headland lately (March 15) read a paper on this subject before the Medical Society of London. After glancing at the history of the plant, and its use as a poison in ancient times, he referred to a number of statements made by authors in the Middle Ages, which showed that the poisonous properties of the plant were well understood by them. Poisonings by aconite, in modern times, were usually accidental. A number of cases in which the leaves and shoots had been eaten with fatal effects, were first briefly remarked upon, and then the cases of poisoning by aconite root, which had been recorded in this country during the last few years, were divided under two heads—(1.) Cases of an over-dose of some preparations given as medicine. This was generally the tincture. (2.) Cases in which the root had been eaten by mistake as an article of diet.

1. Four cases of poisoning by the tincture have been recorded during the last five years. Others are said to have happened. Of these four persons, two died from taking one fluidrachm of Fleming's tincture; one died from the effects of twenty-five minims of the tincture of the London Pharmacopœia; a fourth barely escaped from a dose of fifteen minims of the same. Two of these cases were attributable to carelessness in dispensers; one, to ignorance of the power of the preparation. The author made these recommendations with the hope of obviating such accidents for the future: Firstly, to carry out the plan of the Dublin College, requiring druggists to keep all dangerous preparations in square or angular bottles, and the others in round bottles. Secondly, that the tincture of aconite, if used, should be made of one uniform strength (as far as possible.) At least three different tinctures are in use in this country. Or, thirdly, that it would be still better to discard this tincture altogether, as an uncertain preparation, substituting for it a solution of aconitina of one fixed strength, containing $\frac{1}{600}$th of a grain in each drop.

2. In nearly all the cases in which aconite root had been eaten as food, the singular error has been made of mistaking it for the root of the common horseradish, and so scraping and eating it with roast beef. The anthor read accounts of four cases of this fatal error, which have occurred of late years, the last of them being the recent tragedy at Dingwall, in Scotland, when three gentlemen lost their lives. To show that such mistakes could not be committed by careful persons, specimens and drawings of horseradish and aconite root were exhibited and compared. The acid but not pungent taste of the aconite parings, and the pinkish colour which they assume when exposed to the air, were among the points noticed. The author, having noticed a singular case of poisoned coffee, proceeded to state there were two ways in which a case of aconite poisoning could be recognized: (1.) By the symptoms, which are very characteristic. (2.) By obtaining some of the poisonous principle, by a chemical process, from the contents of the stomach and matters vomited, and then trying its action upon small animals, or on the tongue, etc. There are no distinctive chemical tests for it, but $\frac{1}{300}$th of a grain of the alkaloid (aconitina) would kill a mouse, and $\frac{1}{1000}$th placed on the tip of the tongue would cause tingling and numbness. With regard to the treatment of such cases of poisoning, Dr. Headland recommended the immediate and free administration of animal charcoal, mixed with water. This to be followed by a zinc emetic, then by brandy and ammonia. The charcoal has the power of retaining and separating the poisonous alkaloid, and if we have rendered help in time, the patient may perhaps be saved.—*Med. Times and Gaz.*, April 5, 1856.

Obituary Record.—Died, in London, May 1st, 1856, aged —, Geo. J. Guthrie, well known as one of the most eminent military surgeons of our day.

—— in London, on the 24th April, 1856, in the 90th year of his age, Henry Clutterbuck, M.D. Dr. C. was for nearly seventy years, an active member of the profession, during all which period his life was one of steady and continued industry. For fifteen years he edited the *Medical and Chirurgical Review* (1795–1809), and was the author of several valuable works. He was three times President of the London Medical Society, and for upwards of sixty years attended its anniversary meetings.

—— at Hull, on the 13th April, 1856, Robert Hull, M. D., in the 62d year of his age. Dr. H. was the senior physician of Norwich, Physician of the Norfolk and Norwich Hospital, Physician to the Eye Infirmary, author of a work "On the Morbid Eye," &c.

——At Paris, April 16th, aged 53, M. Vidal (de Cassis), Surgeon to the Venereal Hospital of Paris (where he was M. Ricord's colleague), of long-standing renal disease. M. Vidal was universally respected. He was the author of an important work on surgery, in five volumes, which is a text-book in the French schools; also of a Treatise on Venereal Diseases.

—— At Paris, April 24th, Dr. Sandras, Physician to the Hôtel Dieu, and the author of a well-known work on the nervous system.

To Readers and Correspondents.—The present No. has been delayed a few days, in order that we might give an authentic report of the proceedings of the late meeting, at Detroit, of the American Medical Association; and we must take this opportunity of acknowledging our obligations to the Secretary, Dr. Brodie, for the facilities he has afforded us in accomplishing this.

It will be observed that the present No. contains the completion of Mr. Brown's valuable work "On some Diseases of Women admitting of Surgical Treatment."

In our next No. we shall commence the publication of a new work by Charles West, M. D., entitled "Lectures on the Diseases of Women." It embodies the results of ten years' observation in the wards of a hospital; is of an eminently practical and useful character, and will, we feel confident, fully maintain the character established for the Library Department of this journal by the works which have preceded it.

NEW BOOK FOR THE "LIBRARY DEPARTMENT."

In the next number of the *News*, for July, 1856, will be commenced the publication of

WEST'S LECTURES ON THE DISEASES OF WOMEN,

from early sheets, furnished by the author. The high commendation bestowed on Dr. West's "Lectures on the Diseases of Children," which appeared in the *News* some years since, and the attention excited by his work on the "Os Uteri," which more recently passed through its columns, induce the publishers to believe that in securing the present work for their subscribers they will give entire satisfaction. The vast clinical experience acquired by the author, both in private practice and as physician-accoucheur to St. Bartholomew's Hospital, and the plain practical character of his writings sufficiently vouch for the value of this new production of his pen, and indicate it as especially belonging to the class of works which the publishers have constantly aimed at supplying to their subscribers. The First Part, which is now ready, is devoted to "Diseases of the Uterus," and constitutes a complete treatise on that important, but obscure class of affections.

The concluding portion of Todd and Bowman's "Physiological Anatomy and Physiology of Man" has not yet appeared in London. When ready, it will be furnished in a form suitable for mailing, at a low price, and due notice will be given of the fact, so that those who may wish to complete their copies can send for it.

Philadelphia, *June* 1, 1856.

THE MEDICAL NEWS AND LIBRARY.

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WEST'S LECTURES ON DISEASES OF WOMEN, TWENTY PAGES.

MEDICAL PROGRESS.

Medical Society of the State of Pennsylvania.—The annual session of the Medical Society for the State of Pennsylvania commenced, May 28, in the Hall of the University of Pennsylvania. The attendance of delegates from the different county Medical Societies was quite large and respectable. The Convention was called to order shortly after 11 o'clock A.M., by the President, Dr. J. S. Carpenter, of Schuylkill County, who formally opened the session by the delivery of an able address on the importance of a thorough and systematic organization of the profession throughout the State, with a reference to the primary and most essential objects of such an organization. The address was well received, and elicited much applause.

On motion, the thanks of the Society were tendered to Dr. Carpenter for his address, and a copy of it requested for insertion in the printed *Transactions* of the Society. Several letters from absent members were read. Invitations to the Society to visit the Girard College, Academy of Natural Sciences, Blind Asylum, and the Lazaretto, during the present week, were read and accepted.

On motion, it was

Resolved, That the sessions of the Society continue from 9 o'clock A. M., until 5 P. M., with a recess from 1 until 3 o'clock; the afternoons, after 5 o'clock, to be devoted to visiting the different public institutions of the city.

The reading of the Journal of the last session of the Society was, on motion, dispensed with.

Drs. Worthington, Janney, and Parrish were appointed a committee to examine and report on the credentials of the delegates. The committee reported the names of the gentlemen, accredited by their respective Societies.

Dr. Jewell offered the following resolution, which was adopted:—

Resolved, That a committee be appointed, consisting of one from each county in attendance, to nominate officers of this Society for the ensuing year, and that each county

Published monthly by BLANCHARD & LEA, Philadelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage to the subscriber.*

☞ *In no case will this work be sent unless the money is paid in advance.*

delegation choose its own representative in said committee.

On motion of Dr. Stocker,

Resolved, That the committee be also empowered to nominate the three additional members of the Committee of Publication, and also to designate a place of adjournment for the Society. Which motion was agreed to.

The annual reports of the Susquehanna and Blair County Medical Societies, were read and referred to the Committee on Publication. Adjourned.

Afternoon Session.

The Convention reassembled at 3 o'clock. The minutes of the morning session were read, and after being amended, were approved.

Several reports from the County Medical Societies were presented, read, and referred to the Committee on Publication. These reports contain many interesting statistical facts in relation to the causes, prevalence, and treatment of disease in different portions of the State, and embody a large amount of useful medical information.

Other reports were offered, but owing to their great length, were recommitted to the delegates, with instructions to prepare condensed statements to be read to-morrow.

The Convention adjourned at 5 o'clock, and the members proceeded in a body to visit the Academy of Natural Sciences, where they were formally received and conducted throughout the building.

Second Day's Session (May 29).

The Convention was called to order at 9 o'clock, and the list of delegates read. The minutes of the previous session were read, amended, and approved.

A communication was presented through Dr. Condie, from the Mutual Life Insurance Company of New York, soliciting the aid of the Society in the work of preparing a report on the subject of Vital Statistics in the United States. It was, on motion, referred to a special committee of three, to report as soon as possible.

A communication was read from the Chester County Medical Society, in reference to the publication of the *Transactions* of the State Society, and asking that a petition be sent to the Legislature praying that the expenses of said publication be defrayed by the State. After considerable discussion, the communication was referred to a Special Committee, with instructions to draw up a memorial to the Legislature of Pennsylvania in relation to this subject. An invitation to the members to visit the Hospital for Diseases of the Chest, was read and accepted. The Committee on forms for County Reports, presented a report, and offered the following resolution, which was adopted:—

Resolved, That the Committee on Forms for County Reports be, and they are hereby instructed to continue the circulation of the printed forms as heretofore, and to report to this Society at the next session, any modification of the form which the experience of the year may show to be desirable.

The Committee appointed to arrange for action all the unfinished business of last year's session, presented a report, which was accepted, and the Committee discharged. The report of the Medical Society of Bradford County was read, and referred to the Committee on Publication. The reports of the Medical Societies of Schuylkill and Huntingdon Counties were read, and similarly referred. These reports all present a gratifying account of the general good health of the interior counties, and contain valuable suggestions in relation to such epidemics and endemics as have prevailed during the past and the present year.

The report of the Board of Censors of the State Society, announcing the expulsion from said Society of John Coleman Morgan, for a gross violation of the Code of Ethics, was read, and referred to the Committee of Publication. The report of the Committee of Publication for the past year was read and the Committee discharged. An audited account of the Treasurer's report was presented, from which it appeared that there is a balance of $30 43 remaining in favour of the Society.

The reports of the Chester and Montgomery County Societies were submitted, and referred to the Committee of Publication.

A very interesting report from the Philadelphia County Medical Society on Meteorology and Epidemics, for the year 1855, was presented, and read. It embraces a large amount of useful medical information under the following heads:—

1st. Causes which modify the health of the county.

2d. Mortuary tables; and

3d. Prevalent diseases.

Within the first division is included the geographical bearings of the county, its size, population, boundaries, geological formations and character of its soil, accompanied by a geological map, prepared with much care expressly for this report. Under this head are the municipal regulations that are connected with the sanitary welfare of the consolidated city, as

1st. The Water Supply.
2d. The Drainage and Sewerage.
3d. The Cesspool System.
4th. Street Cleaning.
5th. Construction of Dwellings.
6th. Ventilation.
7th. Intramural Interments.
8th. Animal Refuse.

In addition, there are presented the meteorological observations for the year recorded by Prof. Kirkpatrick, of the Philadelphia High School. This table shows the mean temperature of the atmosphere to have been 54° 5′; the maximum being 95°, while the minimum was only one degree below zero. The coldest month was February, and the coldest day, the 6th of the month, when the mean of the thermometer was 4½°. The amount of rain and snow that fell was equal to 44.653 inches. Under the second general division are the mortuary tables, amounting to 10,447 interments, less by 5.96 per cent. than the aggregate number for 1854. The excess of deaths in the males was equal to 6.13 per cent.

The deaths from diseases of the lungs were equal to 26.20 per cent. Consumption of the lungs contributed 1,327 of the deaths, equal to 13.45 per cent.

The diseases of the nervous system gave 18.90 per cent. of the deaths, and diseases of the organs of nutrition 22 35 per cent.

The deaths from diseases of the urino-genital system amounted to 148; from fevers 628, or 6.30 per cent.

While New York gives 1 death in every 99 of the population, Baltimore 1 in 156, and Boston 1 in 155, Philadelphia gives 1 in 188.

Another comparative table shows that while in New York, 1 in every 28 of the population dies annually, and in Baltimore and Boston 1 in every 39, in Philadelphia there is only 1 in every 47.

The third division of the report furnishes an account of the prevalent diseases throughout the county during the year. This is introduced by a statement that no epidemic of a malignant or wide-spread character made its appearance during the year. Among the diseases named as having been somewhat prevalent, are the various forms of fevers, especially smallpox, varioloid, and scarlatina. Only 163 deaths have occurred from scarlet fever during the year. Ninety deaths have been recorded from hooping-cough. Seventy-five of these deaths were under two years of age. The steady increase of deaths from croup is particularly noticed.

Pneumonia contributed 442 deaths to the bill of mortality. Bronchitis is spoken of as having been seen during the early spring, but quite amenable to treatment.

The report says that the deaths from cholera infantum fell off during the summer 12.85 per cent. from those of the preceding year. A calculation is also made of the deaths from this disease for the last fifteen years, which is compared with that made by Dr. Condie for the preceding fifteen years. This calculation shows that the disease has rather increased than diminished, notwithstanding all the facilities for pure air and recreation, together with the improved state of the city generally.

The report concludes by directing the attention of the County Society, and through it, the State organization, to the examination of two cardinal principles connected with the sanitary requirements of every community in the State. 1st. An efficient arrangement for securing the medical topography of each county, the prevailing diseases, and the most successful modes of treatment, in accordance with last year's report. 2d. A complete system of registration of births, marriages, and deaths, in order to obtain and preserve the vital statistics of our Commonwealth. The report was one of very great interest, and was prepared with much care by Dr. Wilson Jewell, of this city. It was referred to the Committee on Publication.

Dr. Atlee, of Lancaster, introduced to the notice of the Convention the subject of vaccination. He referred to the negligence of the public vaccine physicians of this city in the proper fulfilment of their duties, and expressed a hope that immediate and energetic action would be taken in relation to this important matter.

Dr. Condie, in a speech of great power, urged the Convention to give the whole subject of vaccination their earliest attention. He referred to the danger of the deterioration of the vaccine matter in common use—the improper sources resorted to for a supply of virus—the fact that in many subjects a first vaccination with pure and efficient matter did not always place the system fully under the protective power of the vaccine infection, and, hence the importance of revaccination as a means of affording greater security against the infection of smallpox. Some interesting facts in relation to vaccination were presented by other gentlemen, when, on the motion of Dr. Atlee, a committee from the Philadelphia County Medical Society was appointed to report to the State Society on the subject.

Dr. Condie, on behalf of a committee to whom was referred the subject of the sale of patent medicines and instruments by druggists and apothecaries, made a report, to which was appended the following resolution:—

Resolved, That the members of the Medical Society of Pennsylvania, and the profession generally, be recommended to use their influence with the druggists and apothecaries of their respective neighbourhoods, to induce them to discontinue the purchase and sale of patent and quack medicines, and patented instruments; and that physicians be recommended to withhold, as far as practicable, their patronage from such apothecaries and druggists as persist in the sale of the articles indicated. Adopted.

The report of the Medical Society of Berks County was read, and referred to the Committee of Publication.

Dr. Condie presented and read an obituary notice of Dr. J. P. Heister.

Dr. Heger, of Schuylkill County, presented the following resolutions:—

Resolved, That a Standing Committee of five, of which the present Committee on Forms shall be three, be appointed, whose duty it shall be to take charge of the department of meteorology; give the necessary directions to observers, organize a proper system of observations throughout the County Societies, and report yearly to the State Society.

Resolved, That each County Society be, and it is hereby requested to appoint one or more observers, as the topographical formation may require, to make such observations as the above committee may direct, or as they may deem proper, and to report annually, on or before the first Monday in March, to the Chairman of the Committee or the Society.

Which resolutions were adopted, and Drs. Heger and Wythes, of Schuylkill County, were added to the Committee on Forms.

Dr. Emerson submitted the following:—

Resolved, That a committee be appointed to procure a supply of vaccine matter fresh from the original source, or recently obtained, for the purpose of distribution among the members of the several County Societies of the State.

Resolved, That the said committee be authorized to charge for the virus so distributed, such an amount as will cover the expenses of procuring it.

Pending the discussion of these resolutions the hour for adjournment arrived.

The members of the Society visited, in the afternoon, the Institution for the Blind, where a musical entertainment took place. They proceeded thence to the Girard College, where they were received by the President, W. H. Allen, LL. D., who conducted them through the building and grounds.

THIRD DAY'S SESSION (May 30).

The Convention was called to order shortly after 9 o'clock by the President, and the list of delegates read. The minutes of the previous session were read and adopted.

On motion of Dr. Condie, the Convention proceeded to the consideration of the report of the Special Committee, in relation to the communication received from the Mutual Life Insurance Company of New York, soliciting the assistance of the Society in the preparation, at the expense of the company, of a report on the subject of Vital Statistics in the United States.

Dr. Atlee, in a few pertinent remarks, referred to the utter uselessness of the vital statistics now generally regarded as reference tables, and urged the appointment of a committee to confer with the Company in New York, and report their action on the whole subject as soon as practicable.

Dr. A. L. Kennedy, the Secretary, opposed the subject, on the ground that the printed circular sent to the Society was a mere advertising medium for the Company, and not calculated to afford practical results. He was compelled to regard the communication in a suspicious light, and would, therefore, vote against action.

Dr. Condie replied and stated that the communication was not of the character alluded to, but came from a reliable and worthy source.

Dr. Wythes, of Schuylkill County, took strong grounds against any action on the subject. It was not the object of the Medical Society to puff insurance companies, and he would oppose the effort to give a name to this New York Company, about which he was totally ignorant.

Dr. Kennedy explained the position he occupied in the matter. He was as much in favour of a compilation of the Vital Statistics of the United States as any man in the profession, but he would not consent that the Society should give any attention whatever to a printed communication designed for general circulation.

Dr. Worthington said that this Company had made application to this Medical Society, to assist them in the collection of facts which were essential helps in the preparation of mortality tables, from which they could issue their policies for life insurance. The communication was a respectful one, and he could see no reason why the Society should not extend a helping hand to the Company, in the accomplishment of so good a work. He moved that a committee be appointed by the Chairman, to confer with a commission appointed by this Insurance Company upon the subject.

Dr. Jewell, of this city, did not think that the appointment of a committee to confer with an insurance commission, would further the object in view. It must eventually be done by law; nevertheless, the appointment of such a committee on general principles, to examine thoroughly into the subject, would arouse the attention of the public to the great importance of these statistics. In England this subject receives the attention that its importance demands, and as much interest is there displayed in the collection of Vital Statistics as there is manifested in the political affairs in this country. He hoped that the Legislature would enact a law to render it obligatory on physicians, clergymen, and magistrates, throughout the State to record the births, deaths, and marriages, which may occur in their professional official practice, and that proper measures be secured so to arrange these records as to furnish from them the only reliable data for correct vital statistics in every portion of our State.

The subject, after much discussion, was so modified as to apply to *any* Insurance or other Company, and a Special Committee of three was appointed under the suggestion of the report, "to confer with Life Insurance Companies or other public bodies."

Dr. Henry Carpenter introduced a series of resolutions in relation to the decease of Drs. Richards and Baer, of Lancaster County, members of the Society. They were adopted, and copies of them ordered to be sent to the relatives of the deceased.

A resolution was offered by Dr. Hartshorne, recommending that a committee be appointed to report on a uniform and systematic plan upon which the members of the different County Societies may keep an accurate and full account of the diseases observed and treated by them with their results. A book containing a plan for recording these statistics was also presented.

The resolution was adopted.

A communication from the Philadelphia County Medical Society, stating that no new rules had been adopted by it since the last annual report. It also contained a notice of the proceedings of the Society in the case of Dr. Morgan, expelled for unprofessional association.

On motion of Dr. Stocker, an alteration of the Constitution of the Society was adopted to the effect that any expelled or censured member of a County Society should have the right to appeal to the State Censors, provided said appeal be filed within three months after said action of the County Society.

Dr. Thomas offered a resolution in reference to triennial meetings of the American Medical Association, which was postponed until the next annual meeting of the State Society.

On motion of Dr. Atlee, the resolutions previouly offered by Dr. Emerson, in relation to vaccine matter, were adopted.

Drs. Emerson and Condie were appointed the committee under said resolutions.

The following officers were then elected for the ensuing year:—

President.—Dr. R. La Roche, Philadelphia.

Vice-Presidents.—Dr. Worthington, of Chester County; Dr. Jackson, of Philadelphia; Dr. Cunningham, of Beaver County; Dr. Horton, of Bradford County.

Recording Secretaries.—Dr. Kennedy, of Philadelphia; Dr. Ogier, of Chester.

Corresponding Secretary.—Dr. T. H. Yardley, of Philadelphia.

Treasurer.—Dr. R. P. Thomas, of Philadelphia.

The President elect was then conducted to the Chair by Dr. Condie. Before taking his seat, he said:—

"*Gentlemen of the State Medical Society:* In assuming the duties of the office to which you have this day elevated me, I would do injustice to my feelings were I to fail to express to you my most sincere thanks for the honour thus conferred on me. It is an honour to which I feel I can lay no claims, and which I must owe rather to the partiality of friends than to any merit of mine. Certainly, the announcement of your choice was to me most unexpected. Little did I dream that I was ever to be chosen to preside over your deliberations. The duties of the office are among those for which I think myself least qualified, from habit and taste, as well as from want of experience, to perform in a satisfactory manner. I therefore at once appeal to your indulgence. For, without a large share of that virtue, you will, I fear, have many an occasion to regret not having made another selection. But on this subject you have assumed the responsibility. All I can promise is, that no effort will be neglected by me to discharge the duties you have been kind enough to confide to me to the full extent of my abilities, and with the zeal which the warm interest I have ever taken in the success of this society, and in the honour, dignity, and high standing of our profession animates me."

Resolutions of thanks to the retiring officers, to the Trustees of the University of Pennsylvania, and to the officers of the different public institutions of Philadelphia, who had extended to the members of the Society so many courtesies, were then unanimously passed.

On motion, it was

Resolved, That when the Convention do adjourn, it be to meet at West Chester, on the last Wednesday of May next, at 11 o'clock A. M.

The Convention then adjourned *sine die.*

In the afternoon the members of the Society participated in an excursion to the Lazaretto, where a liberal repast was prepared for them by the Committee of Arrangement of the Philadelphia County Medical Society. They returned to the city about eight o'clock.

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Annual Address to the American Medical Association by the President, Geo. B. Wood, M. D.—[The address recently delivered by Prof. Wood, on retiring from the office of President of the American Medical Association, is so interesting and appropriate that we cannot resist the desire to contribute to its wide circulation, and therefore publish it entire in our columns. The topics discussed are of the highest importance, and the views expressed should be extensively promulgated not only among the profession but also among the community generally, who would then better appreciate the claims of scientific medicine, and be less frequently deceived by the sophistry of charlatans.]

ADDRESS.

Custom demands, as one of the expiring duties of your presiding officer, that he should leave a legacy at least of good wishes, if not of something more valuable behind him. In compliance with this duty, I propose to say a few parting words, which, whatever else they may convey to you, will assuredly not interpret duly the sentiments of him who utters them, unless they make you sensible of his grateful and most kindly feelings towards his fellow members, and of his zealous interest in the great objects of our Association.

The present is a suitable occasion for taking a survey of the Association; for looking around towards the boundaries of its labours, interests, and duties, and noting whether something may not present itself in the view, which may profitably occupy, for a few minutes, our serious and earnest attention. Let us first throw a comparative glance from the present backward to the past. Perhaps by so doing we may be better prepared to look forward intelligently into the future.

Have the hopes with which the Association set out in its mission of self imposed duty, been fulfilled? Has the loud call which it sent forth through the nation, startling the profession from its uneasy slumber, succeeded in awakening it thoroughly to a sense of its high responsibilities, and arousing a determined spirit of progress? Or has it died away in gradually diminishing echoes, leaving but a drowsy memory of that spirit-stirring appeal? Have the annual gatherings of the elect of the profession, their joint deliberations in council, their various legislation, the practical inquiry set on foot or encouraged, not omitting their exploits at the festal board, and kindly interchange of thought and sentiment in social assemblage; have all these been without fruit? Have they been the mere course of a phantom ship through the ocean of human events, leaving no track in its passage, and bearing no freight onward to its destination?

Were we to listen to the clamours of opposition, the whisperings of discontent, or the murmured disappointment of an over-excited expectation, we might be disposed to give to these questions an unfavourable answer; to cease our struggles for an unattainable good; and, with the wings of the spirit folded, and the head drooping, to submit in sadness to an inexorable destiny, chaining us in submission to all present evils, and jealous even of a glance towards the higher and the better.

But, happily, such is not the voice of a clear and unbiassed judgment. It is true that the Association has not accomplished the whole of what it aimed at. Like all other young things, conscious of a stirring life within, and feeling no limits to its yet untried powers, it hoped and strove beyond the possible; it struck in its soaring flight against the iron will of circumstance, and, for a time at least, fell back, stunned, though not crushed, into humbler aims. Yet, even as regards medical education, which is the main point of failure, its efforts have not been all thrown away. Some advance, however small, has, I think, been already made; and bread, moreover, has been cast upon the waters, to be found after many days.

But, outside of this vexed subject, much, very much has been accomplished. I will not appeal to the ponderous volumes of our *Transactions*. They speak for themselves. To say that there is no chaff among their solid contents, would be to say what is neither now nor ever has been true of any large book, with one solitary exception. But I believe that all present will join me in the opinion, that one who searches these records, with a sincere and candid spirit, will find in them much that is good; much that may warrant the self-congratulation of the Association for having originated, or called it forth.

But, whatever credit may be given to these living witnesses of our labours, one fact is evident, that the medical mind has been aroused; that the spirit of improvement has breathed upon the masses of the profession, and everywhere scattered germs, which are now developing, and will probably hereafter continue to develop, even in a still higher ratio, into earnest efforts for self-culture, and general advancement.

Stagnation, in the moral as in the physical world, generates corruption. Agitation, though often in its extremes a cause of evil, and sometimes of unspeakable present wretchedness, generally purifies in the end, and, if restrained within due limits, is a source of unmixed good. The medical mind, anterior to the birth of this Association, was in a state of comparative inertia. In all the departments of the profession, the educational as well as the practical, material interests began to predominate. There was danger that the profession might sink to the level of a mere business. Noble aims; high aspirations; the general good; the spirit of self-sacrifice; these began to be looked on as wordy inflations. The great struggle seemed to be, in the teaching department to gather pupils; in the practical to gather patients; in both, to swell the pockets. Stagnation of the professional spirit was breeding noxious influence in its motionless depths. No wonder that quackery loomed upward, as regular medicine began to sink. There was danger that the public might be able to see little difference between them; and the fact is, that the line of demarcation was not very distinct, even to the professional eye. They ran into each other, at their extremes, by quite insensible shades.

But the Association arose, and a new spirit was awakened. Many had been watching this apparent abasement of the profession with sorrow; but they were powerless in their isolation. No sooner had the flag of the Association been given to the breeze, than they hastened to join its standard. From all quarters, and from the remotest bounds of the country, volunteers poured in to join this great crusade against the evils which had been usurping the sacred places of the profession. The mass of medical society was moved to its very depths. Hundreds upon hundreds came forth from their sheltering privacy, and threw their souls into the grand movement which was to reconquer, to purify, and regenerate the prostrated glory of their calling. The feeble voice of opposition was heard for a moment, but was soon drowned in the overwhelming shouts of the masses, crying out, Onward! Onward! Even the advocates of the material principle, who could not raise their souls above the level of dollars and cents, found it expedient to chime in for a time with the almost universal voice; and to the enthusiastic it seemed as though a professional millennium was approaching. I need not follow the march of the crusade. I need not recall the varied experience which has but confirmed that of all other revolutionary uprisings, that, except under the influence of a power higher than human, which can regenerate the hearts of men, whatever temporary change may be made in the surface of things, in mere form and arrangement, it is only by the slow working of time that radical and lasting reforms can be effected. Who ever beheld a great nation made by a written constitution? We have had paper republics as thick as the leaves in Vallombrosa; but where, and what are they now? To make a great and free nation, the people must have the principles of greatness and freedom implanted in their hearts. So it is with lesser Associations. It is vain to alter forms, unless the substance is altered too. The Association has discovered this truth. It no longer seeks to work miracles, but is content with following the methods of nature and providence. It has done a great thing in beginning the movement. It is doing what it can to further that movement, and to consolidate its results.

Who is there that has lived and observed through the last ten or fifteen years, who cannot see that our profession has been moving onward and upward since its great awakening; perhaps slowly, perhaps now and then halting, but on the whole advancing, and with an irresistible force, because it is that of the mass. It is not now a few leaders who are kindling by their own enthusiasm a feeble and temporary blaze of excitement in the multitude; dragging them forward as with cords by their own strong zeal and fiery spirit: it is the inborn soul which is animating the great body, and carrying it forward in its legitimate course.

Had the Association done nothing else, I will not say than originating, but even than aiding and concentrating this rising up of the profession, it would have performed a service entitling it to everlasting gratitude, and to an imperishable name in the medical annals of our country.

A great benefit conferred on the profession by the Association, was the preparation and adoption of a code of medical ethics. I need not say to *you*, that this code is merely an expression of the great principles of truth, justice and honour, in their application to the relations of physicians to one another, their patients, and the public. It is the voice of wisdom and experience speaking from the past, and meets a ready response in the breast of every man possessed of a good heart, a sound judgment, and correct moral principle. Should any one find a repugnance to the observance of its rules rising up within him, let him for a moment reflect, whether this may not spring from some evil source in himself; whether it may not be the result rather of an unwillingness to make what he may deem a sacrifice at their suggestion, than of a real conviction of their injustice or impropriety. Which is more likely to be true; the unbiassed and unselfish judgment of the wisest and most experienced in the profession, or an individual decision, which may at least be suspected of a selfish basis, and of which no man, if his interests or feelings are in any degree involved, can say that it is quite pure; for no man can judge impartially in his own case? A becoming modesty would lead him to suspect that the fault might be in himself, and a becoming spirit to search into the depths of his own heart for the root of the evil, and to pluck it out if discovered. I have no doubt that a full observance of these rules would tend more than any one thing else, to maintain harmony in the profession, and to elevate it in the public esteem. It would render impossible those unseemly disputes, founded on petty jealousies, and supposed opposition of interests, which, probably beyond any other single cause, expose the profession to obloquy and ridicule. A copy of the Code should be placed in the hands of every young man about to enter upon the practice of medicine, with the urgent advice that he should make it the guide of his professional life; that he should not only regulate his conduct in conformity with its precepts, but should educate his heart into a real preference for them. Would it not be an object worthy of the attention of the Association to provide for such a distribution; at least, by the publication of a large edition of the code, to put it in the power of individuals or societies, who might be disposed to engage in this work of beneficence, to do so with as little cost to themselves as possible. I do honestly believe that, to a young physician going forth into a life full of moral conflicts, the wearing of this ægis would be one of his surest defences; that, next to the holy Scriptures, and the grace of God, it would serve most effectually to guard him from evil.

Not one of the least advantages of the Association is that, representing as it may be said to do, the medical profession of the country, its voice, when nearly or quite unanimous, will be considered as that of the whole medical body, and thus have weight both in the community at large, and in the legislative councils of the nation. It is only thus that the profession can make their special opinions and wishes known and felt. I have been told that the representations of the Association had much weight in determining a satisfactory arrangement of the question respecting the relative rank of the Surgeons in the navy. It is to be presumed that the patriotic physician who brought before Congress the memorable measure for establishing a general inspection of imported drugs, was materially aided in carrying it through by the approving voice of the profession, speaking in the memorial from this body. On another occasion, you were heard, through your resolutions, pleading in the Halls of Congress in favour of a great measure of honesty and justice, when you petitioned for an international copyright law between the United States and Great Britain; and, should such a law ever be passed, it will not be claiming too much for the Association to say that it will have contributed to that result. Your resolutions, from time to time, in advocacy of a system of registration of births, deaths, &c., have probably also added something to the mass of influence which has brought legislation to bear on this most important subject, though, it must be acknowledged, hitherto but very partially, and, with some honorable exceptions, ineffectually.

There is one other view of the beneficial influence of our great gatherings which I cannot pass unnoticed.

The effect of isolation is well known in breeding excessive self-respect, distrust of others, and narrow, selfish, and sectional views and feelings. Man is naturally gregarious; and it is only in association that his nature can receive its full development; that the seeds of the better qualities within him can be made to germinate, and the qualities themselves to grow up, under culture, into their just magnitude and proportions.

Our Association brings together many who would otherwise never meet, from sections remote from each other, and differing much in views, habits, and feelings. We come, partly at least, for relaxation from the cares and toils of business, prepared and desirous to be pleased. Each one naturally, and without design, turns out the fairest side of his character, "his silver lining to the sun;" and all consequently make and receive favourable and kindly impressions. Each place selected for our meetings feels its character for hospitality involved in the reception of its guests, and every effort is made to extend all proper courtesies, and kindnesses to the assembled representatives of the profession. In parting, therefore, we carry with us friendly remembrances of one another, and of the place of assemblage, to our several far separated homes. These remembrances serve as so many cords, not only to bind the members of the profession together in one harmonious whole, but also, intertwined with other similar agencies, to counteract the centrifugal tendencies of our political system, and to keep it moving onward, each part in its due place, in that majestic course, which, while shedding beneficent influences throughout its own great circle, attracts the admiring and hopeful gaze of humanity everywhere.

Having thus hastily scanned the present and past of the Association, let us turn our thoughts briefly towards the future. A few words will convey all that I have to address to your attention.

It seems to me that experience should have taught us this one lesson; not to aim at once at sweeping changes; but, having determined what great objects are desirable, to keep these always in view, and, by the persevering use of such influences as may be at our command, securing one point in advance before hastening to another, to move on slowly but steadily to our ends. These must ever be the improvement of the profession itself, the advancement of medical science, and the promotion of the public good, so far as that may, in any degree, be connected with our special pursuit. Each of these three points requires a brief notice.

In the improvement of the profession, the Association has from its foundation recognized, as an essential element of success, a higher degree of qualification in those who are to become its members. But for the attainment of this object they can use no coercive measures. The only power they can exercise is that of opinion. Our only appeal is to the judgment and conscience of those concerned. But much may in time be done in this way. It is impossible that intelligent and honourable individuals, possessed of that share of conscientiousness which belongs to most men, and is certainly not deficient in our profession, should long resist such appeals, proceeding from a source so worthy of respect as this. Let us reiterate, from time to time, our convictions of the necessity for improved preparatory education, for a longer devotion to the proper studies of the profession, for a junction of clinical with didactic instruction, and finally for something more than a mere nominal examination before admission to the honour of the doctorate, or the privileges of a license to practise; points which have ever been insisted on by the Association; let us, I say, reiterate these convictions; and, like slowly dropping water, they will at length, however gradually, wear their way through the hardest incrustation of prejudice, interest, indolence, or indifference, and reach the conscience with irresistible effect. While bringing to bear upon this resistance, the considerations of reason, duty, honour, and even an enlightened self-interest, we must carefully avoid all violence of procedure, as likely only to add the hostility of passion to other opposing influences. By this course universal opinion will be gradually conciliated; and interest itself will find its own ends best promoted by compliance with the general will. Already some advance has been gained in this direction; and the Association, by perseverance, may yet see all its reasonable wishes accomplished.

In relation to other measures for elevating the character and increasing the efficiency of the profession, there appears to me nothing more at present for the Association to do, than to go on as it has begun. Its continued existence alone is a great good; for it is annually bringing large numbers, simply through membership in its body, to participate in its feelings, and to acknowledge its obligations. Let us then maintain, unshrinkingly, the standard of professional honour and morals that we have erected, and decline association with those who will not recognize that standard, or, having recognized, abandon it. Let us adhere unswervingly to the line which has been drawn between regular and irregular medicine, and treat the practitioners of the latter with the silent disregard they merit. This is the only course for the regular practitioner. To wage a war of words with quackery, is to do what it most delights in. It would be to contend, under the government of honour and principle, with antagonists who acknowledge no such restraints. In our private intercourse with friends and patients, we may explain the grounds of difference between ourselves and the irregulars, may demonstrate the absurdity of their pretensions, the danger of their practice, and the iniquity of their conduct; in short, may endeavour to enlighten wherever light is acceptable, or can penetrate. We may even, if the public interest seem to require it, put forth refutations of false doctrine and assertion, and exposure of subterfuge, trickery, and imposture; but with the irregulars themselves we should enter into no relation, whether of friendship or hostility. I do not say that there may not be honourable and honest, though ignorant or bewildered men among them. But we cannot discriminate. With the presumed advantages of their association, they must be content to take also the disgrace.

There is a point to which I would call the attention of the members of the Association individually. We have been called *Allopathists*, in contradistinction to a sect of irregular practitioners who have taken to themselves the title of *Homœopathists ;* the latter term signifying that its professors treat disease by influences similar in their effects to the disease itself; the former that *other*, and of course dissimilar influences are used. It must be remembered, that the designation was not adopted by ourselves, but conferred upon us by Hahnemann and his followers. The intention was obvious. It was to place the regular profession, and their own scheme, upon a similar basis. They practised on one principle, we on a different and somewhat opposite principle. They graciously allowed that our principle was not altogether ineffective; that we did sometimes cure our patients; but theirs was sounder in theory, and more successful in practice. Now, by recognizing the name, we necessarily recognize the principle also, and thus put ourselves in a false position. In deciding between them and us, the ignorant masses think they are deciding between two systems, neither of which they understand, but of which they must judge, upon the grounds of relative success. Diseases often get well of themselves, if left alone. The genuine Homœopathist leaves them alone, and they often consequently terminate in recovery. This success is magnified by methods well understood; and multitudes are thus led astray, especially among the delicate and refined, who abominate the taste of medicine themselves, and are equally averse to the task of forcing it down the reluctant throats of their children. But we are *not* Allopathists. The regular practice of medicine is based on no such dogma, and no exclusive dogma whatever. We profess to be intelligent men, who seek knowledge, in reference to the cure of disease, wherever we can find it, and, in our search, are bound by no other limits than those of truth and honour. We should not hesitate to receive it from the homœopathists, had they any to offer. We would pick it up from the filthiest common-sewer of quackery; for, like the diamond, it has this excellent quality, that no surrounding filth defiles it, and it comes out pure and sparkling, even from the kennel This is the light in which the medical profession should present itself to the community. We are men who have sought in every possible way to qualify ourselves for the care of their health. We present them, in our diplomas, the evidence that we have gained sufficient knowledge to be trusted with this great charge; and we stand pledged before them to extend our knowledge and increase our skill, as far as may lie in our power. Membership in our honourable profession is the proof we offer, that we are no false pretenders, no interested deceivers; but upright men, intent on the performance of our professional duties. This the people can understand. But when we designate ourselves as *Allopathists*, they may well ask, in what are you better than any other medical sect, than the *Homœopathists*, the *Hydropathists*, the *Thomsonians*, the *Eclectics?* Let us discard, therefore, the false epithet. Let us not only never employ it ourselves, but show that, when applied to us by others, it is inappropriate and offensive, and that the use of it in future would be contrary to gentlemanly courtesy, and the proprieties of cultivated society. I say, again, we are not *Allopathists;* we are simply *regular practitioners of medicine*, claiming to be honest and honourable—in other words, to be gentlemen.

The efficiency of our profession is to be increased, not only by increasing its qualifications, but also by all upright measures calculated to win the public confidence, and thus widen the field of our operations. In this respect, I do not know that the Association can do better than to persevere as it has begun; and, by the propriety and dignity with which it conducts its own proceedings, to show to the world the high influences under which the profession acts, and demonstrate that it possesses those qualities of self-government, so useful to the medical practitioner, and so characteristic of the gentleman in all his relations.

The improvement of the *science* of medicine, has always been a favourite object of the Association. The appointment of committees to investigate and report on certain stated subjects, the reception of voluntary communications, the offering of prizes to competing contributors, and the publication of our *Transactions* annually, are the means employed for this purpose, and I have nothing better to suggest.

The remaining point for consideration, is the promotion of the public good. Happily, such is the nature of our profession, that the more we improve ourselves, the better do we fulfil this great duty. But there is something else to be done. There are certain great interests of the community, relating to their health, of which medical men are the only good judges, and the various influences affecting which, they only can duly appreciate. Upon these points it is our duty to be ever on the watch, and not only like faithful sentinels, to give notice of danger, but, like heaven-appointed agents, as we are, to use our best efforts and influence to prevent or remove it, and, in every practicable way, to guard the public health.

To the establishment of a general system of registration throughout the country, our attention has already been given. We should not relax our efforts, until the great end has been accomplished.

There is another subject deserving of our most serious consideration. You are all aware what advances have recently been made by the smallpox in many parts of our country. Thousands are perishing annually, for whose deaths we are, as a profession, in some degree accountable. There is no occasion for this mortality. Vaccination and revaccination, duly performed, and under proper circumstances, are, I will not say an absolutely certain, but a very nearly certain safeguard. I have never known of death from smallpox, after an efficient revaccination; and only one instance of the occurrence of varioloid. But the profession and the community have both been too careless upon this point. Food for the pestilence has been allowed to accumulate; and it has been rioting with fearful results in many parts of our country. The profession should rouse itself from this apathy, and warn the community everywhere of the danger, while offering them the means of security. We may be accused of self-interest in urging this measure of precaution; as our own instrumentality may be necessary, and must be compensated where the means exist. But a moment's reflection must convince the most stupid, that it would be much more to our pecuniary interest to attend a protracted case of smallpox, than to perform a trifling operation, which is to prevent it. There are, however, many occasions, in which it is necessary to do our duty at the risk of obloquy; and this is one.

But perhaps I have been somewhat unjust to the profession. The people have in many places, and probably, in some degree, in almost all, chosen other guardians of their health, and rejected our offered aid. It has happened to me to become acquainted with one neighbourhood, in which smallpox has recently prevailed; but not a single case occurred within the circuit of the regular physician's practice. Those families only suffered who had entrusted the care of their health to an empiric, who, for aught I know, may have been ignorant alike of smallpox and of vaccination. It is highly probable that many of those who now hear me could give a similar account of their own neighbourhoods. The public should take this subject into their hands. Provision should be made, with legislative sanction, for universal vaccination. If the evil were confined exclusively to the negligent individual, the public might possibly have no right to interfere. But whole communities suffer, and government may and ought to step in for their protection. A man is prohibited by law from setting fire to his own house, because a neighbour's may suffer. Which is the greater evil, that our house should burn, or our families perish with smallpox? It might be impossible in this country to establish a system of compulsory vaccination; but legislation might go far towards attaining the same end without this obnoxious feature. Time, however, does not permit me to follow this interesting subject in all its ramifications. I must content myself with having introduced it to your notice. If the profession can do nothing more, they can at least raise a warning voice everywhere; and this will be doing much.

I must close with begging you to excuse the length into which I have been drawn in the discussion of the important points that have engaged our attention. I intended to be very brief; but few men, when they have taken their pen in hand, can say to the flowing tide of their thoughts, "thus far shalt thou go, and no further." Allow me, in a few parting words, to thank you warmly for your attention, and to express the hope that our labours, during the present session, may tend to confirm the good that has been done, and to carry us still further onward in the great road of progress; so that, hereafter, the meeting at Detroit may be remembered as one, at which we may all be gratified and proud to have assisted.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Proffered Donation to the Philadelphia College of Physicians by Prof. Mutter.—Prof. Mutter has generously offered to present to the Philadelphia College of Physicians his valuable Pathological Cabinet, and, at his death, to endow it with the sum of thirty thousand dollars, *provided* the College will comply with certain specified conditions, which, we presume, will be done.

Notice to Subscribers.—The publishers take much pleasure in commencing with the present number the publication of Dr. West's new work on the Diseases of Females, which they are assured is calculated in every respect to give entire satisfaction to their subscribers. It is intended to form a complete treatise on Female Diseases, and will be passed through the columns of the "News" as rapidly as compatible with due regard for variety.

THE MEDICAL NEWS AND LIBRARY.

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WEST'S LECTURES ON DISEASES OF WOMEN, TWENTY PAGES.

CLINICS.

Statistical Report of the Principal Operations performed in the London Hospitals during the month of January, 1856.

Lithotomy.—Number of cases, 5; recovered, 3; under treatment, 1; died, 1.

Case 1. A boy, aged 4, in poor health, under Mr. Cock's care, in Guy's. A small lithic acid stone was removed. Subsequently, an attack of diarrhœa reduced him very low, but, by the use of opium internally and by injection, it was restrained. Recovered. *Case* 2. A child, aged 3, under Mr. Erichsen's care, in University College. A large lithic acid stone, coated with phosphates, was removed. The child had a severe attack of pneumonia afterwards, but is now recovering. *Case* 3. A boy, aged 5, under Mr. Fergusson's care, in King's College. A small, oval calculus was removed. Recovered. *Case* 4. A man, aged 50, in fair health, under the care of Mr. Fergusson, in King's College. A large lithic acid stone was removed. Secondary hemorrhage occurred on the eleventh day after the operation. Recovered. *Case* 5. A thin, delicate lad, aged 10, under Mr. Solly's care, in St. Thomas's. He had suffered severely from symptoms of stone for three months. The urine was albuminous. A stone weighing nearly two drachms, and having a lithic acid nucleus and a shell of triple phosphate, was removed. The boy did well until the sixth day afterwards, when symptoms of kidney irritation came on. Death occurred on the eleventh day. The autopsy showed the bladder small and hypertrophied, the ureters dilated, the left kidney small, and its cortical structure almost destroyed by old disease; the right kidney hypertrophied, but its secreting part interfered with by deposit. In both kidneys were numerous calcareous deposits.

Herniotomy.—Number of cases, 9; recovered, 3; died, 6.

Case 1. A woman, aged 66, under Mr. Critchett's care, in the London Hospital. Hernia femoral, strangulated 48 hours, but for many years irreducible. The taxis had been greatly abused prior to admission. The vomiting was stercoraceous, and the

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general symptoms severe. The operation was performed by Mr. Corner (House-Surgeon). Sac not opened. Opiate treatment. Recovery without bad symptoms. *Case* 2. A woman, aged 32, in good health, under the care of Mr. Tatum, in St. George's. Hernia femoral, and strangulated 24 hours. The sac was opened, and found to contain bloody serum and some much-congested intestine. A severe attack of peritonitis followed, but she ultimately recovered well. This patient had been operated on in the hospital for the same hernia a year ago. *Case* 3. A woman, aged 48, under the care of Mr. Stanley, in St. Bartholomew's. Hernia femoral, strangulated 48 hours. Sac not opened. Recovered. *Case* 4. A woman, aged 33, in good health, under the care of Mr. Cutler, in St. George's. Hernia femoral, strangulated four days. The sac was opened, and found to contain a knuckle of very dark intestine, and some bloody serum. Death from acute peritonitis followed on the third day. *Case* 5. A woman, aged 57, under the care of Mr. Stanley, in St. Bartholomew's. She had for long been the subject of hernia, but had been unable to wear a truss. Symptoms of strangulation, vomiting, etc., had commenced three days before admission. The tumour was large and tense, but, at the time of operation, the patient's appearance was good; pulse 80, and of fair volume. The sac was opened, and found to contain omentum, a large portion of which was cut away. After the operation, the part of omentum left in the wound sloughed. No symptoms whatever of peritonitis followed, but death from bronchitis occurred on the fourteenth day. *Case* 6. A man, aged 86, under the care of Mr. Walton, in St. Mary's, on account of a large, inguinal hernia, of old standing. It had been down six days, but there had been slight action of the bowels three days ago. The vomited matters were stercoraceous, but the constitutional disturbance was not severe. On account of a very intermittent and feeble pulse, no chloroform was given. The sac was opened, and found to contain a portion of much-congested ileum, and a large quantity of fluid. The bowel was adherent to the much-thickened sac. The patient never rallied, and death took place about 64 hours after the operation. *Case* 7. A woman, aged 40, under the care of Mr. Erichsen, in University College. Hernia femoral, of small size. The patient stated that it had been down for a week, but that, up to the preceding day, the bowels had been relaxed. It appeared, however, that the motions, although loose, had been scanty, and had contained blood. She was quite certain that during the whole week no flatus had passed. The hernia was tense; the abdomen full, tympanitic, and tender. At the time of the operation she was much sunken, and was, in addition to peritonitis, suffering from capillary bronchitis. The hernial sac was not opened. Death took place eighteen hours after the operation. The autopsy showed general inflammation of the peritoneum, with adhesions, and effusion of much turbid fluid. *Case* 8. A woman, aged 65, under the care of Mr. Callaway, in Guy's. Hernia umbilical, the size of two fists, and strangulated seven days. The skin over the tumour was congested, and of a reddish brown, pitting on pressure. The abdomen below the umbilicus was collapsed and flaccid. The patient had a fair pulse, but the general surface was tending to cold. The sac having been opened, a mass of omentum and some coils of bowel were exposed. The latter of dark port-wine hue, and had ash-coloured spots upon them. The sac contained pus. The stricture having been divided, gentle attempts at replacement were made, and under these the bowel gave way, and some fluid, feculent matter escaped. The edges of the torn gut were stitched to that of the wound, and the whole left *in situ.* The symptoms of strangulation continued unabated, and death took place twenty-four hours afterwards. The autopsy showed that the tract of bowel strangulated was of the ileum, about three feet above the cæcum. *Case* 9. A woman, aged 81, under Mr. Callaway's care, in Guy's. Hernia oblique inguinal, of considerable size, strangulated 48 hours. (The account given by the old woman of her symptoms was very confused, and the duration of strangulation had very likely been more than that stated). The sac was opened, and found to contain about four inches of the lower portion of the ileum, and a considerable mass of omentum, all of which were adherent by recently effused lymph. In attempting to replace the portion of gut which was in view, the finger encountered another knuckle closely adherent to the neck of the sac, which gave way under the pressure. The edge of the ruptured part was united by a suture to the external wound, and the stricture having been freely divided, the parts were left *in situ.* Death followed 41 hours after the operation. The autopsy showed an opening in the bowel not larger than would have admitted a quill. The intestine was still very greatly congested.

Ligature of Arteries.—Case 1. A man, aged 60, under the care of Hutchinson, at the Metropolitan Free, on account of primary cancer of the submaxillary lymphatic glands on the left side. The disease had existed one year. The upper half of the sterno-mastoid muscle had been entirely involved in the growth. Ulceration had at length occurred, and opened an enormous cavity, which would easily have contained a fist, and which in parts had only the mucous membrane between it and the cavity of the pharynx. Arterial hemorrhage (which had been long expected, as the ulcer extended from the chin to the ear, across the course of the vessels) at length occurred, to a most profuse extent. The man fainted, and having remained insensible for some time, the bleeding was arrested, a large coagulum occupying the ulcer. The fear of sudden death, from a recurrence of hemorrhage, induced the patient and his friends very willingly to consent to the proposal to ligature the carotid. This was accordingly done, at a spot a little below where the omo-hyoid crosses its trunk. No difficulty attended its performance; the vessel, where tied, was of large size, and appeared quite healthy. No bleeding whatever occurred after the operation, and the wound made, excepting by the side of the ligature, healed almost entirely by first intention. The pain of the cancer was very much diminished, and for several days it almost ceased to discharge. Ever after the operation the man remained slightly deaf, and his right arm was tremulous. There was, however, no paralysis; and, up to the day preceding death, he could grasp most firmly with the hand. His intellect remained undisturbed; he slept well; and, until the day preceding death, took his usual food, and always seemed cheerful. There had been no pain whatever in the head. On the evening of the seventh day he seemed unusually well, but he had not taken much food during the day. About ten at night he got restless, and asked to be allowed to get up, which was foolishly permitted by his attendants. While standing in the erect position, it was noticed that his right leg was dragged, and soon afterwards his right arm became powerless. Having been removed to bed, he gradually sank, and died in a few hours. Looking at the circumstance that there had been deafness ever since the operation, and increasing tremulousness of the right arm, Mr. Hutchinson was inclined to believe that some softening had taken place in the brain, as a consequence of the operation, and that the immediate cause of death was the giving way of the collection of fluid. The friends refused to permit an autopsy.

Case 2. A lad, aged 17, admitted into St. Thomas's, having been wounded in the front of the ankle by a chisel. A vertical wound, nearly an inch long, was found in the anterior tibial artery. Ligature of the vessel, above and below that part, was immediately performed by Mr. Fernee (H. S.), and the case did well.

Case 3. A young man, under care in University College, on account of wound of the ulnar artery. Mr. Maudsley (H. S.) tied the ends of the vessel, and the wound healed well.

Amputations.—Number of cases, 19; recovered, 6; under treatment, 7; died, 6.

Double Amputation (*Pirogoff's.*)—*Case* 1. A Malay, aged 21, of desponding mind and feeble constitutional power, under the care of Mr. Busk, in the Dreadnought, on account of gangrene of both feet after frostbite. Both feet were removed on the same day by M. Pirogoff's method. The subsequent progress has been fair; there has been profuse suppuration about the tendons, but healing is now fast being accomplished. There is as yet no union between the bones. Very large quantities of stimulants and of opium have been needed.

Of the Thigh.—Case 2. A girl, aged 20, under the care of Mr. Birkett, in Guy's, on account of a rapidly-growing recurrent fibroid tumour, just below the knee. Two operations for its removal had been performed (see *Reports* for September and October last), and after each it had returned. The first was a complete excision; in the second, it was not found practicable to get away the whole. Amputation through the thigh. Recovery. *Case* 3. A boy, aged 6, in good health, under the care of Mr. Adams, in the London, on account of crushed leg. Primary amputation, by the circular method, in the lower part of the thigh. The boy has recovered well, but the end of the femur protrudes, and will have to exfoliate. *Case* 4. A boy, aged 10, under Mr. Erichsen's care, in University College, on account of diseased knee-joint after injury. Amputation. Doing well. *Case* 5. A woman, aged 26, under Mr. Erichsen's care, in University College, on account of diseased knee-joint after parturition. The patient was very feeble at the time of the amputation, but has done well ever since. *Case* 6. A stout, muscular man, aged 23, admitted into St. Bartholomew's, under the care of Mr. Paget, a charge of small shot having been lodged in his left knee-joint. The patella and condyles of the femur were comminuted, but the vessels were uninjured. Primary amputation within two hours of the accident was performed. Doing well. *Case* 7. A woman, aged 53, under the care of Mr. Hilton, in Guy's, on account of disorganization of the knee-joint and diseased tibia. She was in tolerable health. Twenty-five years ago she had been under Mr. Key's care, with hydrops articuli, for which puncture with a trocar was practised. Anchylosis followed, and, for twenty years, the limb was a very useful limb. The second attack of inflammation was caused by a kick over the part. For some time after the amputation, she was in a very feeble condition, but the stump is now all but healed, and she may be said to be out of danger. *Case* 8. A man, aged 24, under Mr. Erichsen's care, in University College, on account of diseased knee-joint, of three years' duration. He was extremely feeble at the time of the operation, and sank subsequently. *Case* 9. An emaciated, cachectic man, aged 26, was admitted into St. Thomas's, under the care of Mr. South, on account of diseased knee joint, of three weeks' duration. Two months before, he had received a punctured wound of the right thumb, which was followed by abscesses in the right side and arm, and subsequently by abscess in the knee-joint. The suppuration from the latter was rapidly exhausting him, and, notwithstanding his extreme debility, it was decided to amputate. For the first ten days afterwards, the stump was sloughy, and inclined to bleed; subsequently, however, it nearly healed. Some small sores on the back, which were present at the time of admission, increased rapidly after the amputation. Death took place one month after the operation. The autopsy showed no visceral disease. There were numerous large sinuses in the back, leading into large collections of matter. *Case* 10. A little girl, aged 7, under care in the London, on account of acute periostitis of the tibia. She was rapidly sinking under the profuse discharge, when it was decided to amputate the limb. Death followed on the eighth day, there not having been any complete rallying after the operation. *Case* 11. A man, aged 24, admitted in a physician's ward, in St. Thomas's, for what was believed to be rheumatism. About ten days afterwards, an abscess in the left forearm required to be opened, and subsequently healed. A large abscess then formed in the left thigh, and most profuse discharge followed. Six weeks after admission, amputation was performed by Mr. Simon. At this time, he appeared to be fast sinking under the profuse suppuration; there had also been diarrhœa, and some symptoms threatening of chest mischief. For the twenty-four hours immediately following the amputation, he was in good condition, but afterwards rapidly sank.

Of the Leg.—*Case* 12. A lad, aged 12, under Mr. Stanley's care, in St. Bartholomew's, on account of disease of the tarsus, consequent on a crush three years before. Flap amputation in the lower third of the leg. Recovered. *Case* 13. A man, under the care of Mr. Birkett, in Guy's, on account of non-union after a severe compound fracture of the leg. The operation of excising the ends of the bones was practised three months before, but it was not followed by any success. Amputation. Recovery. *Case* 14. A man, aged 27, under Mr. Stanley's care, in St. Bartholomew's, on account of diseased ankle, of fifteen months' duration. He had been several months in the hospital prior to the amputation, and had suffered from a low form of pneumonia. After recovery from the latter, amputation in the lower third of the leg was performed. He has not done well since, and seems to be gradually sinking. *Case* 15. A man, aged 26, under Mr. Critchett's care, in the London, on account of a crush of the foot and leg in a railway accident. Primary amputation below the knee. On the second day phlegmonous erysipelas attacked the stump, sloughing afterwards followed, and death occurred on the fourteenth day.

Of the Foot.—*Case* 16. A man, aged 29, admitted, under the care of Mr. Luke, into the London, on account of lacerated foot. Primary amputation across the metatarsal bones. A severe attack of erysipelas followed, but the stump is now doing well. *Case* 17. A lad, aged 19, under the care of Mr. Stanley, in St. Bartholomew's, on account of strumous disease of the tarsus. The operation was commenced in the hope of being able to remove the diseased bones without amputating, but the disease was found so far advanced that a Chopart's amputation was necessary. Doing well. *Case* 18. A man, aged 40, under Mr. Fergusson's care, in King's College, on account of diseased metatarsal bones. The disease was consequent on an injury, followed by mortification, seven months ago. Chopart's amputation was performed. Recovered.

Of the Upper Extremity.—Case 19. A man, aged 58, under the care of Mr. Birkett, in Guy's, on account of compound and comminuted fracture of both bones of the forearm. Sloughing ensued on the attempt to save the arm, and secondary amputation was requisite. Death from pyæmia.

Excision of Joints.—A man, aged 52, under Mr. Quain's care, in University College, on account of diseased elbow-joint, the consequence of a compound fracture four months before. The articular ends of the humerus and radius were removed, and also a considerable portion of the ulna. Doing well.

Excision of the Breast.—Case 1. A florid woman, aged 51, under the care of Mr. Erichsen, in University College, on account of scirrhus of the breast of one year's duration. The whole breast was removed. Doing well. *Case* 2. A woman, aged 46, under Mr. Marshall's care, in University College, on account of scirrhus of the breast, of two years' duration. Excision. Doing well. *Case* 3. A woman, in good health, and of middle age, under the care of Mr. Hawkins, in St. George's, on account of scirrhus of the breast. Excision. Recovery. *Case* 4. A woman, under Mr. Birkett's care, in Guy's, on account of returned cancer of the breast. Excision. Recovery. *Case* 5. A woman, aged 45, thin, pale, and cachectic, under the care of Mr. Hutchinson, in the Metropolitan Free. In the lower part of the right breast was a mass of scirrhus, the size of a hen's egg. She was quite certain it had existed only ten weeks, having discovered it when the size of a pea. Several of the axillary glands were enlarged, and of stone-like hardness. The lower half of the breast, and eight of the axillary glands, were removed. Recovered.

Excision of Non-Malignant Tumours.—Case 1. A healthy boy, aged 12, was admitted, under the care of Mr. Stanley, into St. Bartholomew's, on account of a tumour, developed, apparently, in the triceps muscle of the left arm. It was about the size of half an orange, having existed three years, but having rapidly increased latterly. An incision was made down its centre, and its base afterwards included in two ligatures. Very profuse bleeding occurred during the operation. A week later, its base beneath the ligature was noticed to be enlarging, and to have acquired pulsation. Subsequently, a free excision of the whole, including part of the triceps, was practised. The section of the tumour, after removal, was pale, and resembled that known as "albumino-sarcoma." A white boundary-line marked its separation from the muscle in which it was imbedded. The wound is healing favourably. *Case* 2. A woman, aged 48, under the care of Mr. Birkett, in Guy's, on account of eight large, encysted tumours on the head and neck. Some of them were in the ordinary condition, but one was quite solid, had ulcerated, and presented a fungating sore exactly resembling a cancer. (The "Peculiar Form of Follicular Disease," first described by Mr. Cock.) It was as large as a small orange. All the wounds quickly healed. *Cases* 3, 4, 5, 6, and 7. Fatty and encysted tumours, none of them of unusual size. In all, the patients have recovered well.

Tracheotomy.—A man, aged 30, under care in a physician's ward in Guy's, on account of obstructive disease about the larynx. His dyspnœa gradually increased, until, under the most urgent circumstances, it was necessary to perform tracheotomy. The operation was done by Mr. Callaway. Immediate and great relief followed it; but, on the third day, the man sank from bronchitis. At the autopsy, in looking downwards into the larynx, the rima glottidis was seen to be completely occluded by tumefaction. On cutting it across, this was found to be caused by an abscess capable of holding half a walnut, in the posterior part of the larynx. In the matter contained in it, one of the arytenoid cartilages lay quite detached. There were evidences of inflammation of the trachea and bronchial tubes, and in the mucous membrane of the latter were numerous very small abrasions, or follicular ulcers. The man had an eruption about his skin, which was thought by some to be syphilitic, but there was no ulcerative disease whatever about the larynx.

Removal of Necrosed Bone.—In seven cases, operations for the removal of dead bone have been successfully performed. All the patients are doing well.

Operations for Stricture of the Urethra.—*Case* 1. A man, under the care of Mr. Lane, in St. Mary's. A stricture of great density, situated two or three inches from the meatus, was divided by means of a straight, lanceted stiletto. Doing well. *Case* 2. A man, aged 26, under the care of Mr. Fergusson, in King's College, having suffered from stricture for four years. No instrument had been introduced for six months. Mr. Fergusson was unable to pass a staff even of the smallest size, and accordingly operated without. The stricture was freely divided, and a No. 9 catheter was left in the bladder. Doing well. *Case* 3. A man, aged 48, under Mr. Henry Thompson's care, in the Marylebone, the subject of old stricture. After some trouble, dilatation up to No. 3 was achieved, but the passage of the instrument was always followed by severe rigors. Perineal section of a No. 2 grooved sound was performed on January 8, and a No. 10 catheter was afterwards retained for forty-eight hours. Not a single bad symptom followed. On the 29th, the wound was all but healed, and No. 12 was easily admitted.

Puncture of the Bladder.—The case of puncture of the bladder, under the care of Mr. Thompson, in the Marylebone, mentioned two months ago, has ended in death. The state of the urinary organs had been greatly benefited by the operation, and the cause of death was a protracted dysentery.

Case 1. A lad, aged 16, was admitted, under Mr. Tudor's care, in the Dreadnought, having, thirty-six hours before, fallen, and struck his perineum on the edge of a door. Retention of urine had been complete ever since, and an attempt at catheterism made by a medical man, had procured only blood. It was evident that the urethra was lacerated, as the end of the catheter escaped from it when introduced, passing on one or the other side of the prostate. Perineal section was performed, but the proximal end of the urethra could not be found. Under these circumstances, the bladder was at once punctured by the rectum, and about two pints of urine evacuated. The patient has since done well, and an elastic catheter is now retained in the urethra.

Removal of the Testis.—A child, aged 2 years and 9 months, was admitted, under Mr. Athol Johnson's care, into the Hospital for Sick Children. Enlargement of one testis had been noticed almost from birth, and it had now increased till it measured about 7 inches in circumference. It was removed, and found to be an example of cystic disease. The child recovered well. (For description of the specimen, see *Report* of the Pathological Society for February 5.)

Operations for Nævus.—In two cases, under the care of Mr. Athol Johnson, at the Hospital for Sick Children; and in one, under that of Mr. Hutchinson, at the Metropolitan Free, operations for nævus on young children have been performed. In two, the practice of ligature with needles, and, in one, the injection of the perchloride of iron was practised. All were successful.

Plastic Operation.—A woman, aged 36, under Mr. Henry Thompson's care, in the Marylebone, on account of an ulcer in the leg the size of a crown piece. It had resisted ordinary means of treatment, and the plan of covering it by a flap of skin dissected from the adjacent part of the leg was tried. The flap was attached by a broad pedicle, and but little twisting was sufficient to secure adaptation. The whole of the flap sloughed away. A large but healthily granulating sore now remains.—*Med. Times and Gaz.*, March 1, 1856.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Army Medical Board.—A Board of medical officers, for the examination of candidates for appointment in the medical staff of the army, will convene at Newport Barracks (Ky.), on the first of August of this year.

To obtain permission to appear before this Board, it is necessary to apply to the Secretary of War. Applications must be accompanied by testimonials vouching for the good moral character of the applicant, and his physical ability to perform the arduous and active duties of an officer of the medical staff. His age, which must not be less than 21, nor more than 28 years, should also be stated, and his present residence, and place of birth.

Those who, upon examination, shall receive a favourable report from the Board, will be appointed assistant surgeons in the army as vacancies may occur. By order

R. C. Wood, *Surg. U. S. A.*

Surgeon-General's Office, July 7, 1856.

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Ligature of Internal Iliac Artery.—Dr. V. Mott has recently successfully tied the internal iliac artery in a young woman who was suffering from an enormous gluteal aneurism, resulting from a stab with a penknife, when a child.—*New York Medical Times*, July, 1856.

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Fiske Fund Prize Dissertation.—The Trustees of the Fiske Prize Fund have awarded the prize for the present year to Dr. Edward Warren, of Edenton, N. C., for his Essay *On the Influence of Pregnancy on the Development of Tubercles.*

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Testimonials to Professor Mütter.—The following resolutions were adopted at a meeting of the Board of Trustees of Jefferson Medical College, held May 24:—

Resolved, That the Board of Trustees have received with deep regret the letter of Professor Thomas D. Mütter, tendering the resignation of the chair of Surgery, in the Jefferson Medical College, and give their assent to his request solely on the ground of his impaired health, which, in the opinion of Professor Mütter, renders him unable to discharge its duties.

Resolved, That the Board sympathize with Professor Mütter, in the causes that have led to his resignation, and fervently hope that a cessation from the arduous duties in which he has been engaged, may lead to a restoration of his health, and to a long career of eminent usefulness.

Resolved, That, as a mark of the high estimation in which the Board of Trustees hold the distinguished services of Professor Mütter, during his long connection with the Institution, they hereby confer on him the honorary distinction of *Emeritus Professor of Surgery* in the Jefferson Medical College.

At a meeting of the Faculty of the Jefferson Medical College, held May 22, the following resolutions were passed:—

Resolved, That whilst the Faculty of Jefferson Medical College have been apprehensive, from the correspondence which has lately taken place between them and Professor Mütter, that he might feel impelled to withdraw from his connection with the college, they indulged the hope that he might still determine to continue in his sphere of eminent usefulness.

Resolved, That the intelligence of the resignation of Professor Mütter is, to the Faculty, a matter of the deepest sorrow. As a member of the Faculty through a long series of years, his course has been most satisfactory to his colleagues; and as a teacher he has been as popular as he was distinguished.

Resolved. That the Faculty part with him with the most profound regret; and with heartfelt wishes that his health may be fully restored, and that his future career may be one of unmixed happiness.—*Medical Examiner*, June.

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University of Buffalo.—The medical faculty of this school has been materially strengthened by the return of Dr. Austin Flint to it. He has been appointed to the chair of Clinical Medicine and Pathology.

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New York Medical College.—Dr. E. H. Parker has, we understand, resigned the chair of Anatomy in this school.

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College of Physicians and Surgeons, New York.—Dr. J. La Conte has resigned the chair of Chemistry in this school, to which he was appointed last year.

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Obstetrical Cabinet for sale.—Dr. Wiltbank, formerly Professor of Midwifery in Pennsylvania Medical College, wishes to dispose of his cabinet of obstetrical specimens. It contains:—

A manikin, two fœtuses, and two heads covered with buckskin; one mounted and several female pelves, fœtal skulls, several lasts, and a model, in wood, of the fœtal head.

About 200 wet preparations, handsomely put up in bottles of various sizes, illustrating the anatomy and pathology of the female organs, in their unimpregnated and gravid state, and a full series of embryos and fœtuses from the earliest to the latest stages of utero-gestation. Many of these preparations are rare, and all are valuable for illustration. Among them are specimens displaying the anatomy of the parts, uterine and ovarian tumours, and various diseases of the organs, extra-uterine pregnancy, moles, hydatids, ruptured uterus, diseases and monstrosities of the fœtus, &c. &c.

A complete set of Kilian's Obstetric Plates, mounted on rollers, two paintings, in *distemper*, displaying the relative position of the female organs (full size), in the unimpregnated state, and at the close of gestation.

A variety of obstetrical apparatus and instruments.

The collection contains everything necessary to illustrate fully a course on midwifery and the diseases of women and children.

It is now in the museum of the University of Pennsylvania, and may be seen upon application to the curator.

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Obituary Record.—Died, in St. Louis, Mo., of paralysis, on the 25th of June, in the 39th year of his age, Robert S. Holmes, M. D. Dr. H. was a native of Pennsylvania; for several years, he served as a surgeon in the U. S. Army, and, in 1848, was elected Professor of Physiology and Medical Jurisprudence in the St. Louis Medical College, which position he filled with marked ability until his paralytic seizure, about two years since.

—— On the 4th of June, of a cancerous affection of the face, in the 55th year of his age, Edwin H. McCabe, one of the oldest and most respectable physicians of St. Louis. Dr. McC. was a native of Pennsylvania, but settled at St. Louis at an early period.

FOREIGN INTELLIGENCE.

Aneurism of the Common Iliac Artery; Formidable Operation of Deligation of the Abdominal Aorta, above the Bifurcation.—An opportunity was afforded, on the 21st inst., of seeing that most unusual and very formidable surgical operation, deligation of the abdominal aorta for large iliac aneurism at the right side; it is, perhaps, the only instance of such a fearful alternative in this disease being carried out in London hospital practice since the introduction of chloroform. The case has occurred in St. Thomas's Hospital, and the operation was brilliantly performed by Mr. South, assisted by his colleagues, Mr. Simon, Mr. Solly, Mr. Le Gros Clark, and Mr. Green, before a vast assemblage of Guy's and St. Thomas's students. The poor young man, the subject of the disease, has been some few weeks under treatment at St. Thomas's. The original history of the disease was very obscure. He had been exposed to very hard work, but did not recollect any start or strain, or injury of any kind in the region of the groin; in short, the history of the origin of the aneurism was as difficult to trace as these cases usually are.

Since his admission to hospital, we observed the tumour had increased extensively, so that, previous to the operation on Saturday, the 21st inst., it had grown to a size of enormous magnitude; the limb on the right side was completely without feeling, from pressure exerted on the nerves accompanying the artery; the aneurismal sac, however, had evidently grown thick, although it had enlarged, and the peculiar blowing sounds of aneurism were to be heard when the stethoscope was applied externally. The operation, as a last resource, naturally attracted much attention in St. Thomas's; as, since Sir Astley Cooper performed it (or, rather, an operation like it in the mesial line) in 1817, it has not been seen in London practice, though Mr. James, of Exeter, ligatured the aorta much in the same way as Sir Astley in a second case, in which he had previously employed the distal operation for inguinal aneurism. Murray, at the Cape of Good Hope, also ventured on a similar operation, but without success; the only other case having been that of Monteiro, at Rio Janeiro, the most successful operation of all, the patient having lived ten days, when he died of secondary hemorrhage, Sir Astley Cooper's patient surviving only forty hours.

The abdominal aorta, it need scarcely be observed, divides opposite the fourth lumbar vertebra, giving off the two common iliac arteries; this bifurcation, occasionally occurring a little higher or a little lower, as the case may be, and on the left of the median line, the common iliac, the seat of the disease in the present case is, in the normal condition, about two inches and a half in length, a little longer on the right side than the left. And when we say that an enormous pulsating tumour of this artery at the right side, the size of a cocoa-nut or very large orange, was plainly felt, and even seen bulging in the right inguinal region, it is easy to conceive the serious gravity of the case. Some long and anxious consultations were accordingly held by Mr. South and his colleagues last week, the balance of opinion tending towards giving the poor man the benefit of the operation. The left common iliac, it will be remembered, is somewhat different from the right, and forms a more obtuse angle with the end of the aorta, and is, of course, crossed by the colon or rectum, while the *right* common iliac is crossed by the ureter of that side, is in relation with the common iliac veins and psoas magnus externally, and is in relation in front with the delicate portion of small intestine (ileum) which is so well known as lying in this region; in the left side, where Mr. South made his first incision, some five or six inches long, the sigmoid flexure of the colon was plainly seen bending backward to form the rectum, and when the hand was introduced into the abdominal cavity, the aneurismal sac and aorta above it were plainly felt.

The first part of the operation, after the patient was placed under the effect of chloroform, consisted in a long incision, carried from the crest of the ilium at the left side (that opposite the tumour) as far as the cartilaginous border of the thorax at the tenth rib, as it is easier to reach the aorta at this side; the abdominal muscles were next successively divided with much care, till at last the transversalis was reached, which was also cut through; one or two unimportant muscular branches of large arteries requiring to be ligatured; the peritoneum was finally arrived at, and the wound now fairly laid open. The intestine seemed quite healthy, and, by opening the wound, the aneurism was plainly discerned filling up the right groin. In this operation, as Mr. Erichsen well observes, "there are not only all the dangers attendant upon the ligature of arteries of the first magnitude, but also the risk of producing fatal peritonitis, whether the abdomen be cut through, or the vessel sought for by stripping up the peritoneum from the iliac fossa." This was too evident to Mr. South not to be neglected, so the operation was done with much care and expedition. A new needle, of ingenious form, had been constructed by Mr. Milliken, which Mr. South now armed with a ligature, and passed under the aorta, about two lines above the bifurcation, trusting, as Sir Astley, to the collateral circulation of the inferior mesenteric artery for the maintenance of the vitality of the parts thus suddenly deprived of blood. The admirable ease with which the operation may be performed under the effects of chloroform was generally observed, and is, perhaps, the chief feature in recommending its being repeated. —*Assoc. Med. Journ.*, June 28th, 1856.

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Assimilation of Various Fatty Substances.—In a paper, presented on the 12th of May to the Imperial Academy of Sciences, M. BERTHE relates some experiments upon the faculty of assimilation of various fatty substances. He gave alternately to the same man the same quantity of the following kinds of fatty substances: butter; almond, olive, and whale oils; English cod-liver oil; cod-liver oil rendered clear by alkalies and charcoal; pure brown cod-liver oil. The dose was one or two ounces a day. After twelve days, there was no more assimilation of the olive and almond oils; *i. e.*, the whole quantity taken in a day was found in the fæcal matters; after about a month, it was so with butter, whale oil, the English and the clear cod-liver oils. On the contrary, after a month, when pure brown cod-liver oil was taken, there was no appreciable increase in the quantity of fat in the fæcal matters. The conclusion is, that the most assimilable of all the fatty substances experimented upon is the brown cod-liver oil.—*Med. Times and Gaz.*, June 7.

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Bromine as a Specific in Pseudo-Membranous Affections.—M. Ozanam, in a paper presented to the Imperial Academy of Sciences, on the 26th of May, announces that bromine is a specific in the pseudo-membranous affections. He has treated successfully fourteen cases, two of which were cases of true croup. He employed either bromine or bromide of potassium. The dose was from one to ten grains a day, in five ounces of a potion.—*Ibid.*

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Glycerin in Itch Ointment.—M. BOURGUIGNON recommends the substitution of glycerin for lard, in the formation of itch ointment, as being quite as efficacious, and a far more pleasant preparation. For hospital practice, his formula is as follows: Tragacanth 1 part, subc. of potass. 50, well-powdered sulphur 100, glycerin 200, various essences, as lavender, etc., 5 parts; form a mucilage with the gum and 30 grammes of the glycerin, add the potass., then the sulphur and rest of the glycerin gradually, and, finally, the essences. For private practice, he uses a more expensive formula, viz: Two yelks of eggs, essence of lavender, lemon, and mint, āā 5 parts; essence of clove and canella, of each 3; tragacanth 2, sulphur 100, and glycerin 200 parts. The essences are to be intimately mixed with the eggs, and a mucilage formed with the tragacanth, after which the sulphur and glycerin are to be gradually added.—*Med. Times and Gaz.*, June 28th, from *Gaz. des Hôp.*, 1846, No. XIII.

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Danger of employing Iodine Injections for the Cure of Hydrocele.—M. Gosselin made an interesting communication to the Société de Biologie, on the 24th of May. He has ascertained that in three cases where, after the death of patients, he has examined the testicles, there is a peculiar danger in employing iodine injections in the vaginal cavity as a means of curing hydrocele. This danger consists in the absence of the secretion of a sperma fit for fecundation. In these three cases, no spermatozoa were found in the seminal vesicle of the side, where a hydrocele had been treated by iodine injections. In experiments upon dogs, M. Gosselin has found, also, that after such injections, the production of spermatozoa does not take place, and that the testicle becomes pale and smaller than before.—*Med. Times and Gaz.*, June 7.

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Vaccination in Relation to Blindness.—Statistical researches show us that, prior to Jenner's discovery, of 100 cases of blindness, 55 were due to smallpox; and Dr. Dumont, physician to the Hospice for the Blind, has recently supplied an interesting account of the progressive decrease of that proportion. Among the blind of sixty years of age, he finds this variety of cause in 12 per cent.; in adults, it only exists as 8 per cent.; and, in children, only as 5 per cent. We may take as a mean, counting all ages, about 7 per cent., which, as at the commencement of the present century, the proportion was 35 per cent., exhibits a diminution of 28 per cent.—*Med. Times and Gaz.*, June 7.

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Effects of Colour upon Health.—From several years' observations in rooms of various sizes, used as manufacturing rooms, and occupied by females for twelve hours per day, I found that the workers who occupied those rooms which had large windows with large panes of glass, in the four sides of the room, so that the sun's rays penetrated through the room during the whole day, were much more healthy than the workers who occupied rooms lighted from one side only, or rooms lighted through very small panes of glass. I observed another very singular fact, viz: that the workers who occupied one room were very cheerful and healthy, while the occupiers of another similar room, who were employed on the same kind of work, were all inclined to melancholy, and complained of pains in the forehead and eyes, and were often ill and unable to work. Upon examining the rooms in question, I found they were both equally well ventilated and lighted. I could not discover anything about the drainage of the premises that could affect the one room more than the other; but I observed that the room occupied by the cheerful workers was wholly whitewashed, and the room occupied by the melancholy workers was coloured with yellow ochre. I had the yellow ochre all washed off, and the walls and ceilings whitewashed. The workers ever after felt more cheerful and healthy.—*Correspondent of the Builder.—Boston Med. and Surg. Journal*, July 3.

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On the Sex and Hereditariness of Twins.—M. Baillarger states that in 256 deliveries, the sexes were thus distributed:—

Two boys in 100.
Two girls in 58.
Boy and girl in 98.

Thus the union of two boys is almost twice as frequent as is that of two girls, while the union of a boy and girl is almost as frequent as is that of two boys; the boys thus surpassing the girls (298 to 214), by more than a third, while the proportion in the entire number of births is 17 boys to 16 girls. It may also be remarked, in reference to the great preponderance of male over female stillborn children (17 to 12), that a considerable contingent is contributed by twin births to these.

Twin births are hereditary, in certain families, under different conditions. Thus a great number of facts prove that the daughters of mothers who have borne twins have twins themselves, a generation being sometimes missed, when the granddaughter has one or more twin pregnancies. Facts which M. Baillarger has accumulated also tend to prove that this hereditary predisposition may be transmitted to the sons, certain men having the faculty of procreating two children, when no hereditary predisposition to this exists on the part of the mother.—*Med. Times and Gaz.*, June 28th, from *L'Union Médicale*, No. 142, 1855.

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Influence of Marriages, between Relatives, upon the Physical and Mental Organization of their Children.—In a letter to the Imperial Academy of Medicine, M. Rilliet, of Geneva, publishes the results of his researches regarding the influence of marriages between relatives upon the physical and the mental organizations of their children. In Geneva, such marriages are very frequent, and, therefore, the field of observation being large, M. Rilliet has been able to collect a great many facts. He first states that such marriages frequently are followed either by absence or by retardation of conception, and also by abortion, and the production of monsters. Many diseases frequently exist in children born from parents who are relatives: epilepsy, imbecility, or idiotcy, deafness and dumbness, are the most frequent. Such children are often lymphatics, and predisposed to all the diseases depending upon a scrofulo-tuberculous diathesis. Many of these children die young; and, if they live after the first infancy, they do not resist disease as well as other people. In the same family, it is not the same disease which exists in all the children; and, for instance, one of them is epileptic, a second is imbecile, a third is only slow in his physical and moral development.

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Bourjeaurd's Bandages for Hernia.—M. Alphonse Guerin has made a report to the Surgical Society of Paris on this bandage, which is composed of an elastic band, with an air pad. The reporter states that Mr. B. was led to the present invention by noticing the numerous evils which attend the wearing of the steel trusses; and that the new apparatus consists of an elastic belt, which completely supports the viscera of the abdomen, the rings being gently compressed by air pads fixed to the lower part of the belt. Much stress is laid on the ingenious idea of connecting these pads with an elastic tube which runs under the thigh, and communicates with a reservoir of air fixed to the back part of the apparatus. By means of this contrivance, an additional quantity of air is driven into the pad, which covers the ring every time the patient sits down, and when, of course, the weight of the abdominal mass is greater. Nor is this all, as the air contained in the compressing pads may, at the will of the wearer, be lessened by the turning of the stopcock communicating with it.

It further states in the report, that the committee appointed to examine and try Mr. Bourjeaurd's hernial bandage do not completely share the inventor's apprehensions respecting the steel trusses; but that the members willingly concede that the latter may become very inconvenient, as many patients have been known to give them up in despair; nor are they less ready to acknowledge that, with the present fashions, the ordinary truss can be easily discerned under the garments. The committee think that Mr. Bourjeaurd is right in advocating the principle that compression should always be effected from below upwards—viz: from the pubis to the umbilicus; the application of this principle being highly advantageous either in the case of varicose veins, hernia, or uterine displacement. Hence the mischief of elastic belts, or stockings which require lacing.

M. Guerin thinks Mr. Bourjeaurd acted very wisely in abstaining, in his paper, from adducing the cases treated in hospitals under the control of Mr. Lawrence, Mr. Stanley, Mr. Curling, or the late Bransby Cooper, the inventor being willing to leave the new belt to be judged upon its own merits, and from the experiments made by the members of the committee. Such experiments were instituted; and it was found that Mr. Bourjeaurd's hernial bandage succeeded in keeping within the abdomen intestinal protrusions upon which the usual trusses had had no effect. Several cases of the greatest interest might be quoted, but were withheld from fear of giving the report an unwarrantable length. The new bandage had been found especially serviceable after Gerdy's operation for the radical cure of hernia.

The author concludes by saying that he has found Mr. Bourjeaurd's apparatus answer remarkably well in several cases, both in public and private practice; and as the committee consider the new bandage a very great step in surgery, they propose to give the Society's thanks to the inventor, and to place his paper in the hands of the Publication Committee. Messrs. Larrey, Huguier, Robert, and Gosselin, having spoken in high terms of the apparatus, the proposals were unanimously adopted.—*Lancet*, July 5, 1856.

Strychnia.—Dr. Fleetwood Churchill calls attention, in the English journals, to an error in his work on *Diseases of Females*, which might lead to serious consequences. He states in the work alluded to, in treating of amenorrhœa, that strychnia has been given advantageously for its cure, in the dose of from one-tenth of a grain to a grain, three or four times a day. The latter dose would be unquestionably a poisonous one. The dose should be from one-sixteenth to one-twelfth of a grain, and it would not be wise to give more.

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Epidemic Diseases generated by Camps.—M. Tholozan has published a valuable article in the *Gazette Médicale de Paris*, wherein he shows that the precautions taken by the French Government to prevent the spread of typhus by the troops returning from the Crimea, are extremely opportune. It is well known that these precautions consist in the formation of camps on the shores of the Mediterranean, in Provence, which are to be used as a kind of probationary and sanitary establishments. In the course of his article, the author cites some facts, which show that camp fever has, in former times, fearfully spread amongst populations, after the return of armies which had suffered from epidemic diseases. These facts are valuable, and may with advantage be placed before our readers, now that our own soldiers will soon have reached their native shores.

In 1566, an epidemic distemper broke out amongst the imperial army encamped near the Danube, in the vicinity of Komorn, and below Presburg, during the war which Maximilian the Second carried on against the Turks. The disease followed the army during its subsequent movements. Some convalescent men, who were sent home, propagated the disease all over Germany, and Vienna, which was on the high road of the returning soldiers, suffered considerably.

In the summer of 1621, a severe distemper appeared amongst the allied troops encamped at Weidhausen, and spread to the Palatinate and Upper Bavaria. It was conveyed from the soldiers to the inhabitants, without distinction of sex, age, or rank.

At the siege of Louvain, in 1655, the army of Louis the Fourteenth being short of provisions, and destroyed by disease, was forced to retire to Nimègue. The epidemic entered the city with the soldiers, made frightful havoc amongst them, and did not spare the inhabitants. Even the convents suffered severely.

Willis states, that at the siege of Reading, in 1643, a fever of a low type broke out amongst the troops, followed the Earl of Essex's army to its quarters, and spread amongst the civilians.

Ozanam mentions that the French troops sent into Lorraine after the siege of Philipsburg, carried into that province a malignant and contagious fever.

During the sieges of Prague and Egra, defended by Marshal Bellisle, an epidemic disease of a severe type appeared amongst the troops and inhabitants. The Prussian army became also infected, and, in retiring into Silesia, spread contagion amongst the rest of the troops and the population of the province.

In 1757, a castral fever declared itself at Eisenach, where a large number of troops were congregated. From thence the disease spread all over Germany, which was being traversed by different portions of the troops. The complaint was observed by Strack and Ludwig, and the disease was carried into Lille, in the autumn of 1758, by the soldiers returning from Germany.

The French army in Italy, commanded, in 1799, by Scherer, was visited by a petechial fever of a low type. The sick were sent to hospitals in the interior of France, great apprehension was felt in the southern departments, and Montpellier and Grenoble suffered considerably.

Infectious diseases broke out in the French army during the Spanish campaign of 1808 and 1809. These diseases were conveyed to France by prisoners and the march of troops. England also suffered when the British troops returned home.

Ozanam further states, that the typhus which reigned in 1814 amongst the allied armies which had invaded France, and especially amongst the Swedish troops, was conveyed by the latter to Kiel and its vicinity, where it assumed a malignant character.

Epidemic dysentery reigned at Lyons in 1624 and 1625, the disease having been brought by the troops returning from Italy; and in 1757, the French army, which passed through the electorate of Mayence, spread dysentery amongst the inhabitants along the whole line of march. The town of Mayence suffered more particularly.—*Lancet*, June 14, 1856.

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WEST'S LECTURES ON DISEASES OF WOMEN, TWENTY PAGES.

CLINICS.

Statistical Report of the Principal Operations performed in the London Hospitals during the month of February, 1856.

Lithotomy.—The case left under care by last month's report has since recovered.

Number of cases, 5; recovered, 4; died, 1.

Case 1. A boy, aged nearly 3, under the care of Mr. Cock, in Guy's Hospital. He was in fair health, but had suffered severely from the irritation of the stone. A very small and light stone, not weighing quite three grains, was removed. Recovered well. *Case* 2. A healthy boy, aged 10, under the care of Mr. Stanley in St. Bartholomew's. When admitted he was suffering severely from vesical irritation. The symptoms having somewhat abated under treatment, the usual operation was performed, and a large mulberry calculus was removed. The wound was healed in twelve days, recovery having been uninterrupted. *Case* 3. A boy, aged 7, in fair health, under the care of Mr. Skey, in St. Bartholomew's. Symptoms of two years' duration, and latterly severe. A mulberry stone, the size of a filbert, was removed. Recovered well. *Case* 4. A boy, aged 9, in fair health, under the care of Mr. Hutchinson, in the Metropolitan Free. Symptoms had existed for many years, but had been very slight. A large, very rough, mulberry calculus was removed, weighing nearly half an ounce. Recovered without a bad symptom. *Case* 5. A healthy man, aged 79, under the care of Mr. Solly, in St. Thomas's. He had been the subject of stone for several years, but had not, until lately, suffered much inconvenience from it. The usual operation was performed, and a calculus of moderate size removed. The man did well for a few days, when hemorrhage from the region of the prostate ensued. This was, with some difficulty, controlled; but the patient gradually sank, and death took place at the end of the week. At the autopsy all the viscera were found to be healthy, excepting that the mucous membrane of the bladder was

Published monthly by BLANCHARD & LEA, Philadelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage to the subscriber.*

☞ *In no case will this work be sent unless the money is paid in advance.*

congested, and that there was a very small collection of matter in one part of its parietes.

Herniotomy.—Number of cases, 7; recovered, 5; died, 2.

Case 1. A man, aged 22, under the care of Mr. Lane, in St. Mary's, on account of congenital scrotal hernia. Neither testis had descended lower than the external ring, and on the right side the gland lay to the inner side, and in front of the hernial protrusion. Strangulation had existed two days, and the symptoms were urgent. The sac was opened, and found to contain omentum and small intestine. A portion of omentum was cut away, and the rest retained in the wound by a ligature. Recovered without a bad symptom. *Case* 2. A woman, aged 45, under the care of Mr. Birkett, in Guy's, on account of femoral hernia. Strangulation 44 hours. Sac not opened. A portion of irreducible omentum was left in the sac. The wound healed quickly, and the woman was convalescent within a few days after the operation. *Case* 3. A woman, aged 37, under the care of Mr. Stanley, in St. Bartholomew's. Hernia femoral, strangulated three hours; symptoms well marked and tumour very painful. Sac not opened. Recovered well. *Case* 4. A woman, aged 56, under the care of Mr. Lloyd, in St. Bartholomew's. Hernia femoral, strangulated twenty hours; symptoms severe. Sac not opened. The woman was in ill health prior to the descent of the hernia, and, for some days after the operation, she suffered from peritonitis. Under treatment by opium and gray powder she made a good recovery. *Case* 5. A woman, aged 44, under the care of Mr. Lloyd, in St. Bartholomew's. Hernia femoral, and of enormous size, extending from the pubes to the spine of the ilium, and being from three to four inches in breadth. The hernia had existed for a short time only, and no truss had ever been worn. Strangulation forty-eight hours; symptoms severe. The stricture was freely divided, and, without opening the sac, the reduction of several coils of intestine and a large portion of omentum was effected. A considerable mass of omentum remained, however, irreducible in the sac. During four days following the operation the signs of peritonitis were present, and, on the fourth, Mr. Lloyd determined to open the sac. A portion of omentum, in a sloughing condition, was cut away. Profuse suppuration of the sac followed, and a counter-opening over the spine of ilium had to be made. Under the free use of tonics and stimulants the woman made a good recovery, and there is reason to believe, that the neck of the sac has been permanently obliterated, as the hernia does not now protrude even on violent coughing. *Case* 6. A man, aged 36, under the care of Mr. Birkett, in Guy's, on account of a congenital hernia, complicated by an undescended testicle, which rested in the external ring. Strangulation had existed eleven hours, and the symptoms, which were extremely severe, were not relieved either by the warm bath, opium, or chloroform. The sac was opened, and the bowel found much congested. The canal was long, and the stricture tight. The man did well for some hours after the operation, but subsequently sank into collapse, and died the next day. The autopsy showed evidences of acute peritonitis. The strangulated bowel was a portion of ileum. *Case* 7. A woman, aged 43, under the care of Mr. Luke, in the London. Hernia femoral, strangulated seven days. She had been under treatment, before admission, for what was believed to be fever, the hernia not having been discovered. At the time of the operation she was all but pulseless, and in extreme collapse. It was not deemed justifiable to attempt the taxis. As the director was being passed under the stricture, the sac not having been opened, both sac and gut gave way, and feculent matter escaped into the wound. The patient never rallied, and death followed about twelve hours after the operation. The autopsy showed the gut ulcerated just where the sharp edge of Gimbernat's ligament had pressed on it.

Amputations.—Several of the cases previously mentioned remain under care.

Of the Thigh.—*Case* 1. A man, aged 31, under the care of Mr. Cock, in Guy's, on account of old-standing disease of the knee-joint. He had improved in health during treatment, preparatory to the amputation, and was in a fair state. The stump healed quickly. *Case* 2. A man, aged 26, in good health, under the care of Mr. Gowlland, in the London, on account of a complete crush of the leg and foot. Amputation above the knee was performed four hours after the accident. Doing well. *Case* 3. A Swede, aged 39, under Mr. Tudor's care in the Dreadnought, on account of disease of the knee-joint, of a year and a half's duration. Circular amputation of the thigh. Three days after the operation a mild attack of erysipelas commenced. It passed off, however, and he subsequently progressed favourably. Symptoms suspicious of pyæmia have since occurred. Under treatment. *Case* 4. A man, aged 30, under Mr. Tudor's care in the Dreadnought, on account of very extensive syphilitic ulceration of the skin of the leg and knee, exposing the patella and the tibia in several places. The knee-joint had been opened by phagedenic ulceration shortly before the amputation. Amputation by flaps. He was in a precarious state from constitutional irritation for two weeks after the operation, but has since done well. Under treatment. *Case* 5. A lad, aged 13, under the care of Mr. South, in St. Thomas's, on account of diseased knee-joint. He had been greatly reduced by long-continued suppuration. Since the amputation he has done well in every respect. *Case* 6. An unhealthy-looking young man, under the care of Mr. South, in St. Thomas's, on account of diseased knee-joint. Recovered well.

Of the Leg.—Case 7. A boy, aged 14, in good health, admitted into Guy's under the care of Mr. Birkett, having had his foot and lower part of the leg crushed in machinery. Primary amputation by lateral flaps of skin, and circular incision through the muscles. The stump healed slowly by granulation. Well. *Case* 8. A man, aged 36, under the care of Mr. Coulson, in St. Mary's. Three weeks before admission there had been low inflammation of the cellular tissue of the foot, from exposure to cold. Free incisions had been practised. The foot was threatening gangrene, and the ankle-joint was implicated. The man was very much reduced. Amputation by flaps in the middle of the leg. Some sloughing followed the operation, but the patient is now doing well. *Case* 9. A man, aged 38, in good health, under the care of Mr. Cock, in Guy's, on account of strumous disease of the ankle-joint. Amputation in the middle third of the leg by lateral flaps. Doing well. *Case* 10. A man, aged 46, under the care of Mr. Cock, in Guy's, on account of compound fracture, with great injury to the left leg. Gangrene ensued, and secondary amputation just below the knee had to be performed on the twelfth day. The man at the time was extremely low. The stump was attacked by superficial gangrene, and death took place eight days after the amputation. At the autopsy extensive pneumonia was found, one part of the lung being almost gangrenous.

Of the Foot.—Case 11. A boy, aged 10, under Mr. Curling's care, in the London, on account of diseased tarsus of twelve months' duration. Amputation at the ankle-joint was performed, a small portion of the os calcis (merely the outer shell) being left in the flap. The malleoli and articular facet of tibia were sawn away. The stump is doing well.

Of the Upper Extremity.—A man, of middle age, under the care of Mr. Lee, in King's College, on account of disorganization of the elbow-joint. Amputation through the upper arm.

Ligature of Arteries.—A man, aged 30, was admitted into King's College, on account of a large popliteal aneurism. The tumour had followed a blow on the part, inflicted six weeks before admission, in jumping an iron gate. Treatment by compression was tried, but could not be borne. During the fortnight the man was in the hospital before the operation, the aneurism became diffused, and doubled in size. Ligature of the superficial femoral was performed. Four days after the operation, mortification of the foot began. A line of demarcation afterwards formed about the ankle, and separation is now proceeding. The man is in good general health. The ligature came away on the nineteenth day, and the wound healed well. Under treatment.

Excision of Joints.—Case 1 A lad, aged 18, under the care of Mr. Fergusson, in King's College, on account of diseased knee-joint. The disease had existed a year and a half. Excision of the extremities of the femur and tibia was performed, the patella being left. The patient has since done remarkably well. Under treatment. *Case* 2. A woman, aged 40, under the care of Mr. Solly, in St. Thomas's, on account of disease of the elbow-joint, resulting from a blow received five months before. The articular extremities of the bones were excised. The disease was found to affect principally the end of the humerus. Part of the wound healed by first intention, and the rest is rapidly filling up. She has much improved in health since the operation. *Case* 3. A woman, aged 56, under the care of Mr. Hutchinson, in the Metropolitan

Free, on account of disease of the elbow-joint. The disease had existed about a year, and had latterly caused extreme pain. She was wasted and feeble. An abscess, communicating with the interior of the joint, had been opened a fortnight prior to the operation, but previous to that, no discharge of pus had occurred. These soft parts about the joint were greatly swollen. Excision of the articular extremities of the three bones was performed, the T incision being practised. The patient has had no ill symptoms since the operation, but the process of healing goes on only slowly. Under treatment.

Removal of the Eyeball.—A woman, aged 41, under the care of Mr. Bowman, in King's College, on account of a melanotic growth from the front of the eyeball. Three previous excisions had been performed. The disease had existed nine years. Mr. Bowman removed the entire globe. Recovered well.

Removal of the Testis.—Case 1. A man, aged 30, under the care of Mr. Skey, in St. Bartholomew's, on account of great enlargement of the right testis. It was larger than a fist, firm, and heavy. The disease had commenced spontaneously six months ago, and no material pain had attended it. The cord was not affected, there was no evidence of disease of the lumbar glands, and the man was in pretty good health. The scrotum was reddened, and the testis adhered to it. Excision of the gland was performed in the usual way. The disease proved to be cystic, with medullary cancer, the cysts being small, and the greater portion of the mass consisting of cancerous material. (Microscope not used.) A portion of healthy testis structure was expanded in front of the tumour. *Case* 2. A man, aged 65, under the care of Mr. Hutchinson, in the Metropolitan Free. The left testis was enlarged to the size of a small fist, but was quite movable in the scrotum. The history was of an increase for six years. It was removed chiefly on account of its weight and inconvenience. The disease proved to be a thick-walled cyst in the tunica albuginea. (*See* Report of the Pathological Society.) The man recovered well. In the operation Mr. Hutchinson employed for holding the cord an ingenious little instrument recently devised by Mr. Callaway, of Guy's, for that purpose. The incision, instead of being made, as usual, in front of the scrotum, was made at the bottom, a depending opening for the escape of matter being thereby secured.

Excision of Malignant Tumours.—Case 1. A man, aged 52, was admitted, under Mr. Skey's care, into St. Bartholomew's, on account of a growth of epithelial cancer, about the size of a penny, on the back of the hand. It had existed for three years, and had been painful for one. There was no history of any irritant having been applied. Excision was performed by Mr. Hodgson (House-Surgeon), and the wound healed well. *Case* 2. A chimney-sweep, aged 46, under the care of Mr. Lloyd, in St. Bartholomew's, on account of cancerous ulcers on each side of the scrotum. The disease had begun as warts two years before. The glands in the groin were enlarged, but not hard. The appearance of the ulcers was not very characteristic of soot cancer. Excision of both in one piece was performed, the left tunica vaginalis being opened by the knife. Secondary hemorrhage made it necessary to re-open the wound, and apply more ligatures. The wound ultimately healed well, and the tumefied glands diminished in size. Recovered. (*See* "Removal of the Breast, of the Testis, and of the Eyeball.")

Removal of the Breast.—Case 1. A woman, aged 42, in good health, under the care of Mr. Hilton, in Guy's, on account of cancer, of eight months' duration. Excision of the whole breast. Doing well. *Case* 2. A woman, aged 50, in good health, under the care of Mr. Adams, in the London, on account of a tumour the size of a hen's egg, in the outer part of the gland. The whole breast was removed, and the tumour proved to be scirrhous. A slight attack of erysipelas followed, but was well recovered from. Recovered. *Case* 3. A woman, aged 63, under the care of Mr. Lane, in St. Mary's, on account of a scirrhous growth in the breast, of nine months' duration, and rapidly increasing. After the operation, she became very desponding, and low erysipelas set in, and ended in death. The wound has continued healthy. *Case* 4. A woman, aged 43, under the care of Mr. Fergusson, in King's College, on account of scirrhus of the breast, of five months' duration. Excision. Recovery. *Case* 5. A woman, aged 43, under Mr. Birkett's care, on account of scirrhus of the breast. A similar tumour had been excised from the same breast before. The recent growth had existed five months. Excision of entire gland. Recovery. *Case* 6. A woman, aged 35, under Mr. Birkett's care, in Guy's, on account of scirrhus, of five years' duration. Only the lobes involved were removed. Recovered. *Case* 7. A healthy-looking woman, aged 39, under Mr. Birkett's care, in Guy's, the breast being infiltrated with cancer. Excision of the whole breast, and also of some glands from the axilla. Recovered. *Case* 8. A healthy-looking woman, aged 36, under the care of Mr. Birkett, in Guy's, on account of infiltrating cancer of the left breast. Only the affected part of the gland was excised. Recovered.

Lithectasy in the Female.—A woman, aged 48, was admitted, under the care of Mr. Cock, into Guy's, suffering severely from the symptoms of stone in the bladder. She had almost constant incontinence of urine. A large stone having been detected, dilatation of the urethra was practised (by a bivalved dilator) until the forefinger was readily admitted, after which forceps were introduced, and the stone crushed and extracted in fragments. It was a soft, phosphatic concretion. The bladder was afterwards syringed out, and appeared to have been quite cleared. For a few days the incontinence of urine persisted, but it afterwards gradually ceased; and, at the time of her discharge, the patient was well in every respect, excepting that occasionally the urine escaped during sleep. This woman was under care in St. Bartholomew's about two years ago, on account of calculus in the vagina and bladder, the concretions being connected through a vesico-vaginal fistula high up. Large portions of the stone were then removed, but not the whole of that occupying the bladder. When admitted under Mr. Cock, there was no deposit in the vagina, and the fistula could not be found.

Pharyngotomy.—A case in which pharyngotomy was necessary for the removal of a foreign body, has been successfully treated in Guy's by Mr. Cock.

Excision of Non-Malignant Tumours.—*Case* 1. A woman, aged 27, under the care of Mr. Cock, in Guy's, on account of a large tumour involving the left deltoid muscle. It had been increasing for a year and nine months, and had not been attended by much pain. The skin, which was adherent, was dissected up, and the whole belly of the muscle, together with the acromion and the scapular extremity of the clavicle were excised. The tumour, which was a very large mass, showed a well characterized myeloid structure. Not much blood was lost, and the patient, who was emaciated and in very delicate health, recovered remarkably well. The shoulder-joint itself, although exposed, was not injured, and since the wound has healed a very fair degree of motion is possessed. *Case* 2. A woman, aged 29, in good health, under the care of Mr. Cock, in Guy's, on account of a large mass in the right side of the neck, beneath the vessels and muscles. The tumour had been slowly increasing for thirteen years without any material pain. The carotid artery was pushed forwards quite superficially by it, a lobe projecting on its inner side, but the greater part lying external to it. Mr. Cock made a free incision upon the tumour, and carefully avoiding the surrounding vessels, etc., opened into the cellular investment by which it was encapsuled. This done, the tumour was very easily removed, possessing only attachments which the finger readily broke down. It proved to be a firm fibroplastic growth, and was somewhat larger than a full-sized fist. The wound healed well. *Cases* 3, 4, and 5. Fatty tumours in different parts of the body. In all the wounds healed well. *Case* 6. A woman, aged 20, under Mr. Lawrence's care, in St. Bartholomew's. Excision of a small mammary glandular tumour, of ten months' duration. Recovery. *Case* 7. A woman, aged 22, under Mr. Wormald's care, in St. Bartholomew's. Excision of a warty excrescence from the skin of the chest. Recovery. *Case* 8. A man, aged 27, under the care of Mr. Fergusson, in King's College, on account of a large polypus in the right nostril adherent in most parts. Three partial removals had previously been performed. Mr. Fergusson slit up the nostril, and effected the removal of the growth. Under treatment. *Case* 9. A girl, aged 17, under Mr. Birkett's care, in Guy's, on account of a large bursa in front of the knee-joint, containing fibrous bodies. Excision of the cyst by an incision over its outer boundary. The wound healed slowly, on account of erysipelas. *Case* 10. A man, aged 69, under the care of Mr. Skey, in St. Bartholomew's, on account of a large parotid tumour over the left side of the face. It had existed twenty years, but had been small until within three months past. It was the size of a large orange, flattened and somewhat lobulated. The skin was reddened. There was no paralysis. Mr. Skey reflected a flap of skin, and dissected out the tumour. Very profuse hemorrhage took place during the operation, and some large arterial branches required ligature. The wound is fast healing. *Case* 11. A woman, aged 30, under the care of Mr. Skey, on account of an ulcerated induration in the upper lip, of doubtful nature. Excision. Recovery.

Trephining of the Skull.—A boy, aged 15. under the care of Mr. Skey, in St. Bartholomew's, on account of injury to the head, in which the parietal bone had been laid bare, but not fractured, was subjected to the operation of trephining twelve days after the accident, on account of symptoms of abscess within the skull. A large quantity of matter was evacuated, but the boy sank four days afterwards. (We shall, at a future time, give the details of this case.)

Excision of Bones, Caries, etc.—Case 1. A man, aged 23, under Mr. Stanley's care, in St. Bartholomew's, on account of carious disease of the tarsus. He had been in ill health for seven years, and five years ago abscesses about the foot had formed. Two years ago, an operation for the removal of diseased bone had been performed in the Brighton Hospital, the scars of which were over the middle cuneiform. The sinuses existing appeared to lead down to the remains of the same bone. Mr. Stanley carried free incisions down in the cicatrix, and removed such portions of the bone as could be found. The wound is doing well. *Case* 2. A boy, aged 13, was admitted under Mr. Stanley's care, into St. Bartholomew's, on account of a large bulla on the dorsal surface of the foot, beneath which was an abscess. Some time afterwards the bone was found to be diseased, and by a free incision almost the entire length of the metatarsal bone of the great toe was taken away. It was all but detached at its extremities, and had lost its periosteum. The wound has since healed well, and the toe has shortened so as to be less in length than the one next to it. *Case* 3. A healthy man, aged 73, but looking younger, under the care of Mr. Birkett, in Guy's, on account of the irritation caused by a small piece of bone which had been detached in a compound fracture of the humerus seven months ago. The union of the fracture had been perfect, and the parts around were restored to a healthy state; excepting that, imbedded in the substance of the deltoid, was a fragment of hard bone, quite detached from the shaft. The man complained of the pain caused by this, and wished it removed. It was almost subcutaneous, and the operation required consisted only in a small incision through the skin. It was found connected with the muscle, and apparently in a growing state. The wound had nearly healed, when suddenly, seven days after the operation, shiverings, and other symptoms of pyæmia, showed themselves. Death occurred five days later. At the autopsy, pus was found in the shoulder joint, and also about the seat of the original injury. There were evidences of recent peritonitis, and ulceration existed in the appendix vermiformis. *Case* 4. A child, under the care of Mr. Birkett, in Guy's, on account of diseased os calcis. An incision was made, and the gouge applied. Under treatment. *Case* 5. A lad, under the care of Mr. Cock, on account of diseased carpus, whose case has been several times mentioned before. At the last operation the cuneiform bone was removed. The condition of the hand is not unpromising, but the general health is failing, and there are indications of advancing phthisis. *Case* 6. A man, aged 30, under Mr. Cock's care, in Guy's. A year ago the head of the metatarsal bone of the great toe had been removed, on account of caries. Mr. Cock now removed the whole of the first phalanx and the sesamoid bones. Much new bone was found deposited, and there is every probability that the man will have a useful toe. The parts are nearly healed. *Case* 7. A boy, aged 14, under Mr. Cock's care, in Guy's, on account of necrosis and caries in the head of the tibia. The cavity having been laid open by the aid of cutting forceps, a portion of dead bone, somewhat more than an inch in length, was removed, and carious parts adjacent to it were cleared away by the gouge. The cavity extended close up to the knee-joint, but did not quite open into it. The knee had for some time been bent at right angles. The cavity has filled up since the operation, and a good result is promised.

Operations for Necrosed Bone.—In twelve cases, patients have been subjected to operations for the removal of large sequestra from long bones. In all, the subsequent progress has been satisfactory. In one instance, a lad, under the care of Mr. Cock, in Guy's, had acute pericarditis supervene suddenly, about a fortnight after the operation, from which, for a few days, he was very ill. He is now, however, fast recovering.

Operation for Cancer of the Penis.—A farming-man, aged 53, under the care of Mr. Cock, in Guy's, on account of epithelial cancer involving the prepuce and one side of the glans. He had not been the subject of congenital phymosis. For fifteen months there had been pricking pain in the part, but the warty growths and ulceration had been noticed only three months. The inguinal glands were not enlarged. Mr. Cock cut away the diseased parts, including the whole prepuce and one side of the glans. The urethra was laid bare, but not opened. The wound healed well.

Operations for Urethral Stricture.—*Case* 1. A man, aged 39, under the care of Mr. Cock, in Guy's, on account of a stricture of old standing. He had been occasionally under Mr. Cock's treatment for several years. The stricture was not a very tight one, but extremely irritable. After the introduction of instruments, the man always suffered from most severe irritation, and it was this condition which induced Mr. Cock to advise perineal section. A staff, No. 3, having been introduced, the affected tract of urethra was laid open. A flexible catheter was retained for two days. The wound was soundly healed in a month, not a bad symptom having occurred. The urine is now passed in a good stream and without pain. *Case* 2. A man, aged 46, under Mr. Fergusson's care in King's College, on account of stricture of eight years' duration. Perineal section was performed. Doing well. *Case* 3. A strong, healthy-looking man, under Mr. Birkett's care, in Guy's, on account of perineal fistulæ resulting from a stricture of ten years' duration. Perineal section of the stricture upon a grooved staff was performed. The wound was healthy for several days following the operation, and the man's condition favourable. Rigors with sickness then occurred, and the man sank into a low desponding state. The wound continued to heal and had nearly closed when he left the hospital in order to have a change of air. He has improved in health since discharged, and continues to pass a good stream of urine. Disease of the kidneys is suspected. *Case* 4. A worn-out feeble man, aged 67, under the care of Mr. Birkett, in Guy's, on account of numerous fistulæ in the perineum and scrotum. He had suffered from diseased urethra for six years. There was no difficulty in passing an instrument into the bladder. With a view to the cure of the fistulæ, perineal section of the bulbous tract of the urethra was performed on a grooved staff. The operation was performed under chloroform, and some blood was lost, but not very much. In the evening sickness came on; he sank into collapse and died ten hours after the operation. The autopsy showed fatty degeneration of most tissues, but there was no acute organic disease. The man was, from his state of health, a most unfavourable subject for an operation. *Case* 5. A man, aged 44, under Mr. Hilton's care, in Guy's, the subject of a tight stricture for 13 years. He had suffered severely from the consequences of the stricture—irritability of the bladder and rectum, lumbar and hypogastric pains, etc.—and had been under treatment in many Hospitals, never with more than very temporary relief. Having succeeded in dilatation, with mercurial treatment, until a fair-sized staff could be passed, Mr. Hilton performed perineal section of the stricture. After the operation, the man lost all his troublesome symptoms, and progressed uninterruptedly well. The wound was quite healed at the end of three weeks, and two weeks later the patient was discharged, his stream of water being then of good size, and a large flexible catheter easily admitted. *Case* 6. A man, aged 42, in fair health, under the care of Mr. Hilton, in Guy's, on account of stricture at the meatus of the urethra, consequent on contraction after sloughing phagedæna of the glans. The orifice would barely admit a fine probe. In consequence of the obstruction to the escape of urine, rupture of the urethra in the perineum took place, and an abscess formed. An incision in the median line was made, opening freely into the urethra. Subsequently, the urethra, near its orifice, has been laid open, so as to secure a free means of escape, the condition produced being that of hypospadias. Under treatment and doing well. *Case* 7. A boy, aged 14, was admitted into Guy's, under the care of Mr. Birkett, on account of injury to the perineum, from falling astride a bar of wood. There was retention of urine, and large extravasation into the perineum. He was in a condition of extreme prostration. The perineum was incised, and a large quantity of blood and urine escaped. The urine flowed freely afterwards, and all the urgent symptoms were relieved. The wound healed well, and the lad made a good recovery. *Case* 8. A man, aged 35, admitted under the care of Mr. Stanley, in St. Bartholomew's, in a drowsy, half comatose state, from the effects of retention of urine. The bladder was not distended. There were fistulous openings in the perineum, and a dense brawny induration, extending into the scrotum. A free incision was made into the perineum, and the escape of urine took place. The man became delirious shortly afterwards, and death soon followed. At the autopsy, a stricture, impassable by the smallest probe, was found. The bladder was inflamed; the ureters and pelves of kidneys much dilated, and containing pus.

Puncture of the Bladder.—The case in which puncture of the bladder by the rectum had been performed by Mr. Skey, in St. Bartholomew's, has been discharged. The man now passes urine freely by the natural passage, and a No. 5 can be easily introduced. The case under Mr. Tudor's care on board the Dreadnought, remains under treatment. The canula has been removed, but some urine still flows by the gut. The man's health is improving fast.

Congenital Stricture of Rectum.—An infant, aged 15 months, under the care of Mr. Cock, in Guy's, on account of a congenital stricture at the external aperture of the anus. The internal sphincter, and the gut above, appeared quite healthy. The opening would but just admit a probe. Mr. Cock made a free incision directly backwards, and the wound has been kept dilated during the healing. The healing is now complete, and not much tendency to contraction is as yet shown.

Amussat's Operation for Artificial Anus.—A woman, aged 30, under the care of Mr. Curling, in the London, on account of carcinomatous stricture of the rectum. The disease was not of long duration, but it had produced such occlusion of the gut, that the bowels had been obstinately constipated for a month. Mr. Curling opened the colon in the left loin, after the manner practised by Amussat. The gut was found contracted, and the peritoneum had to be divided before it was reached. Feces have subsequently escaped freely. The woman had no ill symptoms after the operation, and is now (one month) doing as well as could be expected.

Operations for Nævus.—Case 1. An infant, aged 9 months, under Mr. Birkett's care, in Guy's. The nævus was subcutaneous, and situated on the tip and side of the nose. The skin having been reflected, the nævus was excised. The wound healed well. *Case* 2. An infant, aged 15 months, under Mr. Wormald's care, in St. Bartholomew's. The nævus was subcutaneous, and situated on the cheek. The skin was reflected, and the nævus tied. Recovered. *Case* 3. An infant, aged 13 months, under Mr. Lloyd's care in St. Bartholomew's, on account of a large nævus in the back of the neck. Injection with sal volatile has been practised, and subsequently the application of potassa fusa. Under treatment.—*Med. Times and Gaz.*, March 29, and April 5, 1856.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Hair Dyes.—Prof. Hadley made an interesting report to the Buffalo Medical Association (July 2, 1856) on this subject:—

He stated that he had been unable to find any treatises upon the subject which afforded him any assistance, and he was, therefore, obliged to speak from his own knowledge of the chemical constitution of nearly all the various articles in use; either as dyes, depilatories, or for improving its growth and appearance. To this he should principally confine himself.

The history of the use both of hair dyes, and of preparations for beautifying the hair, extends to the remotest antiquity, and no people, however degraded or however elevated in the scale of civilization, has ever existed, among whom we may not find their use to be prevalent.

At the present time, as probably in all others, the object sought by a hair dye is the production of a colour darker than the one worn. We never hear of any article being used for decolorizing the hair, or substituting an auburn or light-brown for any darker hue.

All the various hair dyes in use are made from the different salts of two metals, viz: lead and silver. Other substances *may* be used, but they are either too expensive or too injurious to the hair itself.

1st, *Lead.* Several salts of lead are

used; but the most common lead dye is that made from litharge and lime. Equal parts of lime and litharge are rubbed into a paste, with sufficient water to furnish the proper consistence. This paste is then very freely applied to the hair, being well rubbed in to it, and thickly laid on. It is kept moist by oil or India-rubber cloth, and allowed to remain for from three to eight hours—is usually put on at night and kept on during sleep. The colour which results is unexceptionable, being a fine dark black.

It will be noticed that this dye is applied to the skin, but does not colour it. Prof. H. stated that he had applied it to his arm for a period of six hours. The hairs beneath were dyed, but the skin remained colourless. This is the more curious, from the fact that, physiologically, the hair and the epidermis are the same in their elemental construction. There is, however, but little doubt that the colouring properties of lead depend on the deposition of a sulphuret in the hair. Most protein substances emit sulphuretted hydrogen on the action of caustic alkalies. In the process of "hulling corn," by placing it in lye, the grain is blackened by the alkali. The process of this hair dye, then, is as follows: The litharge is in part dissolved by the caustic lime, and the lead, thus rendered soluble, penetrates the hair and is deposited as a sulphuret of lead. It is remarkable that in the use of this dye the *dandruff* is coloured.

The formulæ of lead dyes vary. Sometimes white lead is used; sometimes whiting or flour are added to prevent the too caustic action of the lime. Some formulæ, like the prescriptions of the older physicians, contain a dozen or more ingredients, only a few of which are essential.

Prof. Hadley stated that he had heard no complaints of the effect of this dye on the skin. The hair, however, is rendered brittle by its use, and must be oiled to prevent its breaking. In spite of any precaution the ends will crack off, and its use is often abandoned for this reason, though the colour produced is unexceptionable.

"Twiggs' Hair Dye" is simply a weak solution of acetate of lead to which precipitated sulphur is added. It is put up by almost every druggist, and sold under many different names. The continued use of it does, in many instances, cause the hair to grow darker, though Prof. H. had never seen a black colour produced by it. It also checks the formation of dandruff. In its effects it corrugates the skin, which becomes harsh, and the person using it assumes a peculiar, old, wrinkled look. This, however, soon passes off. The directions, unlike other dyes, insist on its being well rubbed in.

Silver Dyes.—These are much more used than the lead. The effects of light on the salts of silver are well known. The chloride of silver, when exposed to light in a moist state, turns black; and the photographic process is entirely similar, except that the effect of the light upon the iodide or bromide of silver is not visible until subjected to reagents. In a similar manner these dyes are put up; some of them consisting simply of a single bottle of a solution of a salt of silver when the action of light is alone relied on as the reagent ("dyes without preparation"); or in other cases a reagent accompanies the package ("dyes with preparation").

Nitrate of silver is the salt used in the manufacture of all these dyes, but it does not exist as a nitrate in the dye. *Pure* nitrate of silver is not affected by light; it may be exposed in a window for years, if tightly corked, without change. The change of colour is uniformly due to the presence of organic matter, as when paper is wrapped around the sticks, or where the crystals come in contact with the cork of the bottle.

In dyeing the hair many use the "dye without preparation," and expose to light. This is a slow process, and the hair should be thoroughly cleansed by soap and soda before its application. In experimenting in the laboratory, Prof. H. found that by boiling the hair in caustic soda he was able to produce a deep permanent black with a dye of only one-eighth the ordinary strength. No dyes now sold contain simple nitrate of silver; all are more or less mixed.

In the use of dyes with preparation, a mordant accompanies the dye. In twenty or thirty different dyes which Prof. Hadley had analyzed, this preparation consisted uniformly of a weak solution of gallic acid, in the proportion of one grain of the acid to one hundred grains of water. This reduces the salt to an oxide, instantaneously, constituting a large saving in time, while the tint is better than in the dyes without preparation. These latter leave the hair with a reddish tinge, particularly in reflected light, unless the dye be very strong, or twice used.

In some dyes three bottles are put up, one of which is only to be used on the failure of the other two. This third bottle always contains a little sulphuret of sodium, potassium, or ammonia. In two hair dyes manufactured in Philadelphia, no solution of gallic acid is put up, but instead of it the second bottle contains sulphuret of potassium or sodium. The objections to this plan are serious. The odor of sulphuretted hydrogen is offensive, it is very caustic, and acts on the skin, so that if not used with care the hair may be scraped off easily with the back of a knife, or pulled out by handsful.

The nitrate of silver acts upon the hair as upon other organic tissues. It kills it, producing a firm, dry, hard eschar, which, in the case of an ulcer, protects the parts beneath. All of these hair dyes are warranted not to stain the skin; but all of them will stain it if they come in contact.

The percentage of silver in the dyes sold varies very much. Prof. H. had analyzed nearly all the dyes sold, and found the percentage to vary from four to eighteen per cent. of metallic silver. The following will illustrate :—

One hundred parts of dye contain

In Ballard's Hair Dye - -	6	per cent.	of silver.
" Batchelor's (Utica prep.) -	16	"	"
" (N. Y. prep.) -	18	"	"
" Phalon's - - - -	18	"	"
" Christadoro's - - -	15	"	"
" Mathew's - - - -	5	"	"

(Many others were given.)

This percentage, however, furnishes no index to the actual value or cost of the dye, inasmuch as the size of the bottle varies, and also the price. Thus each bottle of these various dyes contains of solid silver:—

Ballard's Dye -	silver to	the value of	10	cents.
Phalon's - - -	"	"	10	"
Batchelor's (Utica prep.)	"	"	8	"
" (N. Y. prep.)	"	"	8	"
Christadoro's - -	"	"	8	"
Clirehugh's - -	"	"	8	"

All these are sold at one dollar per bottle, leaving an enormous profit. Mathew's dye is sold at half a dollar per bottle, each bottle containing 7c. of metallic silver. The quantity of silver thus subtracted from the currency is very large. One firm in this city used last year (in a period of thirteen months) 1100 ounces of silver coin.

There is a common belief among the Chinese, that a certain weed, taken internally, would cause the hair to grow black, and attempts have been made by speculators here to discover it, and introduce it in this country

Prof. Hadley continued his remarks, taking up briefly the subject of preparations for beautifying the hair. These promise everything; to cure baldness, prevent dandruff and falling of the hair, etc. etc. Oils and fats are mostly used in them. The great difficulty in the use of free oils is their liability to become rancid. A few years ago nearly all the liquid hair oils were made from lard oil, coloured. The usual colour was red, produced by alkanet, the red colour of which is soluble in oils.

More recently castor oil is almost exclusively used. When pure it is too thick for convenient use, and is, therefore, mixed with strong alcohol, as follows: ℞. Castor oil ℥x, alcohol ℥ij, essential oils ʒij.

These latter are used as perfumes.

The various Tricopheri, the Renovators, and Kathairons, are pretty nearly alike. All contain alcohol in large proportion, and all have tincture of cantharides as a stimulant. Various perfumes are used to convey a distinctive character. The following formula is a good one, and a fair sample of these articles: ℞. Castor oil ℥vj, alcohol ℥xxvj, tr. cantharides ℥j, essential oils ℥jss.

Colognes are simply perfumed alcohol.—*Buffalo Medical Journal*, August, 1856.

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Pennsylvania Medical College. — Dr. Tho's G. Richardson, of Louisville, has been appointed Professor of Anatomy of this School in place of Dr. Allen, who has resigned. Dr. Richardson was Demonstrator of Anatomy in the Louisville Medical Institute, and is the author of a work on Anatomy.

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Girard College for Orphans.—Dr. J. B. Biddle has been elected one of the Physicians to this Institution in the place of Dr. F. Sargent, who had resigned.

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Medical College of Ohio.—Prof. L. M. Lawson has been elected to the chair of Theory and Practice of Medicine in this School.

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Central Lunatic Asylum of Ohio.—Dr. Hills, the editor of the *Medical Counsellor*, has been appointed Superintendent of this Institution.

—

Cleveland Medical College.—Professor Horace Ackley has resigned the Chair of Surgery in this School.

OBITUARY RECORD.—Died, July 1, 1856, at Nashville, R. M. PORTER, M. D., Professor of Anatomy in the University of Nashville.

—— At Hazelgreen, Illinois, on the 2d of May, 1856, JAMES G. PERCIVAL, M. D., the poet, aged sixty-one years. In 1824, he was appointed an Assistant Surgeon in the U. S. Army, and stationed at West Point to lecture on chemistry; but resigned his commission after holding it a few months. Dr. P. was a man of purely scholarly tastes and eccentric habits, and united a remarkable love of scientific persuits with his taste for poetry. He possessed great linguistic acquirements, and assisted Noah Webster in the compilation of his great dictionary. He made a geological survey of the State of Connecticut, and, at the time of his death, held the office of State Geologist of Illinois. —*N. Y. Med. Times.*

FOREIGN INTELLIGENCE.

Albuminuria.—M. MAUTHNER, in the albuminuria and dropsy after scarlatina in children, recommends the exclusive use of a milk or rice-milk diet. Under its influence, he says, an abundant urinary flux becomes established, which causes the disappearance of the dropsy; but should it not suffice for the cure, he would seek to modify the urinary secretion by the use of alkalies. He recommends urea to be given in such cases, in doses of one-third of a grain, mixed with sugar. When a dose of six or eight grains is arrived at, he says, it occasions an abundant secretion of urine, and rapid disappearance of the dropsy.—*Brit. and For. Med.-Chir. Rev.*, July, 1856.

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Cure of Itch in half an hour by Sulphur in a Liquid Form.—Dr. E. SMITH called the attention of the Fellows of the Medical Society of London to an article in the *Gazette Hebdomadaire*, by Dr. Bourguignon, in which is a confirmation of the value of the treatment of itch, in Belgium, by sulphur, combined with lime in a liquid form. The remedy is prepared by boiling one part of quick-lime, with two parts of sublimed sulphur, in ten parts of water, until the two former are perfectly united. During the boiling it must be constantly stirred with a piece of wood, and, when the sulphur and lime have combined, the fluid is to be decanted and kept in a well-stoppered bottle. A pint of the liquid is sufficient for the cure of several cases. It is sufficient to wash the body well with warm water, and then to rub the liquid into the skin for half an hour. As the fluid evaporates, a layer of sulphur is left upon the skin. During the half hour the acarus is killed, and the patient is cured. It is only needful then to wash the body well, and to use clean clothes. In Belgium, the treatment is introduced by first rubbing the body for half an hour with black soap, but this does not appear to be necessary. The only essential act is that of the careful application of the fluid sulphur. The lime is of no importance in the treatment, except to render the sulphur soluble, and such would probably be the case if potass or soda were employed. The chief point in the plan thus employed, which is an improvement upon the mode of application of sulphur in substance with lard, is the more ready absorption of the remedy, and consequently the more certain and quick destruction of the insect, by using sulphur in a fluid form. In so disgusting a disease, it must be of great moment to be able to cure it in half an hour. —*Med. Times and Gazette*, March 8, 1856.

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Ophthalmology.—A considerable amount of interest has been excited this week by the presence of M. Quadri, of Naples, at the various ophthalmic hospitals in London. M. Quadri has recently arrived from Vienna, and brought with him the latest improvements in this department of surgery, such as improved needles, ophthalmoscopes, lenses, etc., as adopted by Jäger and the Austrian surgeons. M. Quadri and the Italians use ether in place of chloroform, and place the patient sitting in a chair, as well as under the effect of belladonna. Mr. Bowman dispenses with both chloroform and atropine, as there is a tendency to vomiting induced, and evacuation of the vitreous humour, under the well known effect of the former, while the dilatation of the pupil by atropine leads, he thinks, to a wrinkling or tucking up of the delicate muscle of the iris, which is thus forced under the knife, and wounded. With reference to a point suggested in this *Journal* as to the want of focus after operation for traumatic cataract, this deficiency is usually remedied by "cataract glasses;" but, as a rule, the difference is not much, as the part of the eye where the refrangibility is greatest, the relation of the external air to the cornea is, of course, not changed, while the vitreous humour which takes the place of the diseased lens, differs very little from the latter in density. Mr. Bowman always operates with the patient in a reclining position, and thus, perhaps, very little of the denser humours of the eye are lost, and the "refractive index" of the entire organ remains almost unchanged.—*Assoc. Med. Journal*, July 19, 1856.

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Tests of Strychnia.—We have lately witnessed a number of interesting experiments, conducted by Dr. JOHN TRAILL, for the purpose of testing this poison. The animals experimented on were live frogs, and the symptoms they exhibited were remarkable. A grain of strychnia was dissolved into 250 drops of water. A glass rod was dipped into the solution, and the quantity it retained (about half a drop) was placed on the back of a small frog, which was then put under a glass. It made no motion for about two minutes, at the end of which time it appeared to have a difficulty in breathing, which momentarily increased. A tremor then became visible over its body, and it gave several convulsive leaps, when the limbs became rigid, and the little animal *gave a shriek* like a mouse, and turned over on its side. On being touched, however gently, at one of the extremities, a violent spasm shook the whole body, and in about eight minutes after the application of the solution, vitality appeared to have ceased, although muscular irritability, peculiar in many cold-blooded animals after death, continued for some time thereafter. A second experiment on a larger frog had a precisely similar result, and the same shriek of agony was emitted by the animal. In this case about double the quantity of strychnia was placed on the frog. A third died equally hard, but made no sound. When touched, they sometimes seemed to suffer intense pain, and spasms ensued; at other times a touch did not affect them. During the continuance of these spasms, the eyes at one time appeared almost ready to start from their sockets, and at another were sunk into the head. The most remarkable circumstance to a novice in such matters, and even, we should think, to the experimenter, was the piteous cry of the suffering creature. The first attempt was made with less than a five-hundredth part of a grain, and the animal was dead in about eight minutes; the second, with about double that quantity, and in the same time death ensued. Thus the physiological test of Dr. Marshall Hall would appear to be the certain and unerring test of the presence of strychnia in the smallest quantity. From other experiments made by Dr. Traill, he has no doubt that the five-thousandth, if not the ten-thousandth, part of a grain may be at once detected. We believe Dr. Traill is at present engaged in testing comparatively the symptoms produced by narcotine, aconitine, and various other poisonous alkaloids.—*Lancet*, July 12, 1856, from *Arbroath Guide.*

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Effects of Iodine Vapours on Various Forms of Starch—*Wheat Starch* becomes violet-coloured. *Potato Starch* assumes a dove gray hue. *Genuine Arrowroot* a bright chocolate colour. *Genuine Tapioca*, a yellowish or chamois colour. *Spurious Tapioca*, some granules become violet-gray, others yellowish or chamois coloured.—*Chemist.*

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Disease Peculiar to those who work in Caoutchouc.—M. DELPECH directs attention to a special disease, not heretofore described, peculiar to the workmen employed in the manufacture of articles of caoutchouc. The inhalation of the vapours of sulphuret of carbon determines in them various disturbances of digestion; a profound modification of the intellect; dulness, loss of memory, &c.; serious derangement of the functions of the nervous system; cephalalgia, vertigo, disturbance of the senses, more or less complete paralysis of motion, and, particularly in some, absolute genital impotence.—*Chemist*, from *Comptes Rendus.*

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Iodide of Cadmium.—This new preparation of iodine is coming into general use in hospital practice, in place of iodide of lead and iodide of zinc, as it makes a white ointment more effectual in dispelling glandular enlargements, and not so like paint as iodide of lead.—*Assoc. Med. Journ.*, July 19, 1856.

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Sir Astley Cooper's Prize.—This prize of fifteen hundred dollars, for 1856, has been awarded by the Physicians and Surgeons of Guy's Hospital to Dr. B. W. Richardson, for his essay "On the Cause of the Coagulation of the Blood."

THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

Statistical Report of the Principal Operations performed in the London Hospitals during the months of March and April, 1856.

Lithotomy.—Number of cases, 5; recovered, 4; died, 1.

Case 1. St. George's, Mr. Hawkins. A boy, aged 14, in good health. Stone as large as a chestnut. Recovered well. *Case* 2. The London, Mr. Curling. A boy, aged 7, in fair health. The stone weighed half an ounce. Recovered well. *Case* 3. The Metropolitan Free, Mr. Hutchinson. A boy, aged 3, in good health. The stone was lithic acid, and the size of a flattened marble. Recovered well. *Case* 4. St. Thomas's, Mr. Solly. A lad, aged 18, the subject of stone for probably fifteen years, but never examined previous to admission. A lithic acid stone, weighing two ounces and a half, was removed. Recovered well. *Case* 5. St. Bartholomew's, Mr. Skey. A boy, in poor health, aged nearly 3, who had suffered very severely from stone. The usual operation was performed, but some difficulty was encountered in reaching the bladder. A mulberry calculus, the size of a small walnut, was removed. The child never rallied well from the shock of the operation, and died on the third day. The autopsy showed no material lesions.

Removal of Calculus impacted in the Urethra.—The Metropolitan Free, Mr. Hutchinson. A man, aged 40, the subject of stricture from boyhood. Perineal section had been performed five weeks before, and at the time of the operation the existence of a stone was suspected, but could not be verified. Subsequently a calculus, the size of half a cherry, escaped from the bladder and got impacted in the bulbous tract. The fistula, which still existed, was freely enlarged, and the stone removed by forceps. Recovered well. (*See* Operations for Stricture, Case 2.)

Lithotrity.—The London, Mr Luke. A female child, aged 8, symptoms of stone two years. The lithotrite was used, and the stone crushed. During the same day and

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the day following, the fragments of mulberry stone, probably about the size of a bean, came away, and the child was thenceforth well in every respect.

Herniotomy.—Number of cases, 18; recovered, 14; died, 4.

Case 1. The London, Mr. Ward. A man, aged 29, for fifteen years liable to a congenital hernia. Strangulation five hours; symptoms very severe. The sac was opened, and about nine inches of small intestine returned. The bowel was extremely congested, and showed in one part a patch of ecchymosis. Opiate treatment; spontaneous action of bowels on third day. Recovery. *Case* 2. The London, Mr. Ward. A man, aged 48; hernia femoral; recent; the size of a hen's egg; strangulated 50 hours. Partial reduction had been effected by the taxis, but the sudden subsidence of pain induced the suspicion that the gut had ruptured, and it was thought best to operate. On opening the sac it was found to contain omentum only. Acute peritonitis existed at the time. Opiate treatment. Recovery. *Case* 3. The London, Mr. Ward. A man, aged 40; hernia, scrotal, of very large size, and strangulated seven days. The sac having been opened, a coil of small intestine was found adherent to it. The adhesions were carefully broken down, and reduction effected. Much tinged serum escaped. Opiate treatment, with enemata on the fourth day. Recovery. *Case* 4. The London, Mr. Gowlland. A woman, aged 42; hernia femoral, strangulated 48 hours; sac not opened. Opiate treatment. Recovery. *Case* 5. The London, Mr. Gowlland. A man, aged 31; hernia inguinal, very large; strangulated 11 hours; sac opened. The man was intoxicated at the time of operation, and had been so for three days previously. Opiate treatment. Recovered. *Case* 6. Guy's, Mr. Birkett. A woman, aged 48; hernia femoral, strangulated 18 hours, sac not opened. Acute peritonitis followed, and was treated by leeches and opium. Recovery. *Case* 7. St. George's, Mr. Johnson. A man, aged 58; hernia congenital, of large size, and strangulated three hours. The sac was opened. Recovery. *Case* 8. St. George's, Mr. Tatum. A woman, aged 40; hernia, oblique inguinal, of small size, strangulated one day. The sac was opened, and the contained bowel was found intensely congested and coated with lymph. Recovery. *Case* 9. St. George's, Mr. Hawkins, A woman, aged 39; hernia femoral, of rather large size, strangulated four days. Sac opened. Recovered. *Case* 10. St. George's, Mr. Cutler. A man, aged 65, very feeble; hernia femoral, very large indeed, strangulated three days. The sac was opened and found to contain a large coil of gut, much bloody serum, and a mass of adherent omentum; the latter was left *in situ*. The gut was congested, but not inflamed. Recovered. *Case* 11. The Middlesex, Mr. De Morgan. A woman, aged 48. Hernia femoral, of small size, and, for five years, irreducible. Symptoms of strangulation had existed for three days. The sac was opened, and a small knuckle of adherent intestine separated and returned. Recovered. *Case* 12. The London, Mr. Adams. A man, aged 65. Hernia, inguinal, the size of a hen's egg; strangulated nine hours. Sac not opened. Recovered. *Case* 13. The London, Mr. Critchett. A man, aged 26. Hernia inguinal, of very large size; strangulated eight hours. The sac was not opened. Recovered without a bad symptom. *Case* 14. The London, Mr. Critchett. A woman, aged 60. Hernia femoral; very large; symptoms urgent; strangulation forty hours. Sac not opened. Recovered without a bad symptom. *Case* 15. University College, Mr. Erichsen. A woman, aged 43. Hernia femoral; strangulated one week. The sac was opened, and the bowel found gangrenous. Death eight hours after. *Case* 16. The Middlesex, Mr. De Morgan. A man, aged 46; hernia inguinal, irreducible for six months. Symptoms of strangulation had existed for three days, and there was great collapse. The sac was opened, and the bowel being found gangrenous, was cut into. Profuse vomiting occurred, and the patient died before he left the theatre. *Case* 17. St. George's, Mr. Johnson. A woman, aged 65, admitted in a state of collapse. Hernia femoral, of moderate size; strangulated three days. The sac was opened, and found to contain a considerable mass of thickened sloughy omentum, and a knuckle of intestine. The latter was not actually gangrenous, but was of very dark colour, and had two or three small collections of pus in its coats. The stricture having been freely divided, the omentum was cut away, and the bowel allowed to remain *in situ*. The bowels acted after the operation, and the gut did not give way; but the woman sank exhausted, and died three days afterwards. *Case* 18. St. Bartholomew's, Mr. Skey. A man, aged 28, the subject of a large congenital scrotal hernia on the right side. Strangulation had existed about fifty hours, and there were signs of peritonitis. An attempt was made, after laying bare the sac, to reduce without opening it, but during the trial the sac gave way, and about three feet of small intestine, in a very congested state, came out. The coils being held aside, a small rounded aperture was found in the posterior part of the sac, communicating with a second and much smaller sac behind it. This aperture having been carefully enlarged, some coils of healthy bowel contained in the lesser sac were exposed. This lesser sac communicated freely with the abdomen. With some difficulty the whole of the protruded bowel was returned. During the evening, vomiting repeatedly occurred, and he sank into a very low state. Death took place rather suddenly twenty-four hours after the operation. No evidences of peritonitis were found at the autopsy.

Trephining, etc., of the Skull.—Case 1. Guy's, Mr. Cock. A boy, aged 6, was admitted insensible, having fallen from a height, and struck his head on some stones. There was very great swelling over the right parietal region, and a small aperture in the skin, from which blood flowed. The scalp having been freely divided, and a large quantity of coagulum cleared away, the skull was found extensively fractured, and a portion of brain-substance lay exposed in the wound. By means of the elevator, the depressed portions were lifted out and removed. There was a considerable rent in the dura mater, and the middle meningeal artery bled very freely. The hemorrhage was arrested by a compress of sponge. During the operation the boy had regained consciousness. For some days subsequently he did fairly, but subsequently sank from arachnitis, and softening of the brain. Death occurred on the sixteenth day. *Case* 2. Guy's, Mr. Cock. A woman, aged 33, of careworn and anxious expression. In October last she had a blow on the head, since which she has been subject to loss of memory at times, to impairment of sight and hearing, and occasional attacks of giddiness. On admission there was a fluctuating swelling over the vertex, which, on being punctured, was found to contain pus. There was no history of syphilis. Numbness of the left side of the body having existed for twelve days previously, and the symptoms of brain mischief increasing, Mr. Cock determined to trephine. This was accordingly done. The surface of the bone was found carious, and so uneven as to suggest the idea that a portion had been depressed, but in the part removed there was not sufficient irregularity of the inner table to account for the symptoms. The exposed dura mater appeared granular. The part operated on did well afterwards, and the general symptoms were considerably relieved. About a fortnight later pain extended from the wound to the forehead, and a swelling formed over the latter part, which was subsequently opened. Here, as where trephined, the bone was carious. At the time the patient left the hospital she was still liable to much pain in the head, and neither of the wounds had healed. Further disease of the bone is suspected.

Ligature of Arteries.—St. Bartholomew's, Mr. Lawrence. A girl, aged 15, under care on account of a pulsating tumour just below the knee, in the outer part of the head of the tibia. Ligature of the femoral artery in Hunter's canal was performed. Severe hemorrhage followed two weeks afterwards. Death from pyæmia in the fifth week.

Amputations.—Number of cases, 25; recovered, 17; under treatment, 2; died, 6.

At the Hip-joint.—Case 1. The London, Mr. Curling. A woman, aged 40, admitted on account of a large and very rapidly growing tumour on the outer side of the thigh, apparently connected with the bone. Amputation was performed by antero and posterior flaps, the latter being cut first. Very little blood was lost, and the woman made a good recovery.

Of the Thigh.—Case 2. Guy's, Mr. Hilton. A lad, aged 16, was admitted, having had his right thigh crushed in a railway accident. He was all but dead from hemorrhage. Primary amputation at the base of the great trochanter was performed. For three days he remained very feeble, but subsequently he recovered well. *Case* 3. Guy's, Mr. Cock. A very feeble girl, aged 15. The left knee was partially anchylosed. Amputation in lower third of thigh. Secondary hemorrhage occurred, and was followed by a sloughy state of the stump. Recovered. *Case* 4. The Middlesex, Mr. Shaw. A girl, aged 12. Amputation on account of a myeloid and fibro-plastic tumour, involving the head of the tibia. Recovery. *Case* 5. The Middlesex, Mr. Moore. A man, aged 41, under care on account of diseased knee-joint, of four years' duration. Amputation. Recovery. *Case* 6. St. George's, Mr. Cutler. A woman, aged 56, in good health. Amputation on account of malignant ulceration of the leg, of two years' duration. The disease proved to be epithelial cancer. Recovered. *Case* 7. The London, Mr. Gowlland. A man, aged 25, in excellent health. Primary amputation just above the knee, on account of compound fracture. Recovered well. *Case* 8. The London, Mr. Critchett. A lad in feeble health, the subject of acute disease of the knee-joint. The disease had existed one year, but had recently become much more acute. Free incision into the joint had been practised one week before the amputation, after which the lad sank into a very feeble, almost typhoid, state. At the time of the operation he had a dry, brown tongue, and was very weak. Under the free use of stimulants, he made a good recovery. *Case* 9. St. Bartholomew's, Mr. Stanley. A girl, aged 15, whose knee-joint had been excised six weeks previously. Profuse suppuration, and a most distorted position of the limb, necessitated amputation. Recovered. (*See* "Excisions of Joints," *Case* 3.) *Case* 10. The London, Mr. Gowlland. A man, aged 21, in good health, admitted on account of compound fractures of both legs. Much blood had been lost. Primary amputation through the right thigh. Well-marked symptoms of pyæmia followed, and death took place fourteen days after the operation. Trismus occurred on the day preceding death. At the autopsy one of the wrists which had been swollen was found not to contain pus, nor were there any deposits in the veins of viscera. *Case* 11. The Middlesex, Mr. Moore. A boy, aged 12. Amputation, on account of acute disease of the knee-joint, with necrosis of the femur. Death from pyæmia on the twenty-fourth day. The autopsy showed inflammation and suppuration of the veins of the stump, double pleurisy, and numerous deposits of pus in the lungs. *Case* 12. Guy's, Mr. Cock. A man, aged 27, in a very feeble state. Amputation, on account of chronic disease of the knee-joint. The stump afterwards sloughed; bed-sores also formed, and symptoms of pneumonia supervened. Death from pyæmia in the sixth week. *Case* 13. St. Bartholomew's, Mr. Lawrence. A girl, aged 17, in poor health. Amputation, on account of diseased knee-joint. The stump healed; but the symptoms of pyæmia supervened, and a large abscess formed. Death one month after the operation. The autopsy showed a large collection of matter between the periosteum and bone. *Case* 14. University College, Mr. Erichsen. A man, aged 26, of the hemorrhagic diathesis. Amputation, on account of gangrene following an enormous extravasation of blood into the calf. Thirty-eight ligatures were required. Death from collapse followed.

Of the Leg.—*Case* 15. The London, Mr. Luke. A man, aged 26. Primary amputation in lower third of leg on account of crushed foot. Erysipelas followed, the flaps sloughed, and the bones protruded. He is now doing well, but the ends of the bones will have to exfoliate. *Case* 16. Guy's, Mr. Hilton. A man, aged 31. Primary amputation in upper third of leg on account of compound fracture. Recovered. *Case* 17. St. Bartholomew's, Mr. Lawrence. A woman, aged 40. Amputation just below the knee on account of gangrene, probably consequent on some disease of the arteries. Death four weeks after the operation. No autopsy.

Of the Foot.—*Case* 18. The Middlesex, Mr. Moore. A man, aged 26. Primary amputation through the metatarsal bones on account of gunshot wound. Recovery. *Case* 19. Guy's, Mr. Birkett. A man, aged 29, had his foot crushed by a barrel of beer falling on it. Sloughing of the parts on the dorsum followed, and secondary amputation through the bases of the metatarsal bones was performed as soon as the sore had assumed a healthy appearance (one month after the injury.) All the metatarsal bones were found to have been fractured. Recovered well. *Case* 20. University College, Mr. Erichsen. A man, aged 60, the subject of old-standing disease of the tarsus. Chopart's amputation. Recovery. Secondary hemorrhage from the posterior tibial occurred, consequent on erysipelas up the leg, and required the actual cautery for its arrest.

Of the Upper Extremity.—*Case* 21. The Middlesex, Mr. Shaw. A man, aged 59, under care on account of disease of the wrist-joint, consequent on compound fracture six weeks before. Amputation through forearm. Recovery. *Case* 22. St. George's, Mr. Cutler. A man, aged 42, in good health. Primary amputation through the upper arm, on account of compound fracture and dislocation of the elbow-joint. Recovery. *Case* 23. The Dreadnought, Mr. Busk. A man, aged 23. Secondary amputation of the shoulder-joint four days after a severe compound fracture of the humerus, on which mortification had ensued. There were other injuries inflicted. Under treatment. *Case* 24. Guy's, Mr. Poland. A lad, aged 15, in good health. Primary amputation of the hand just above the carpal bones, on account of compound fracture. Recovery. *Case* 25. Guy's, Mr. Callaway. A lad, aged 15, in good health, admitted on account of crushed hand. Phlegmonous erysipelas followed, and amputation through the forearm was performed six weeks after the accident. Recovered.

Excision of Joints.—Case 1. University College, Mr. Erichsen. A man, aged 21, for three years the subject of diseased knee-joint. The joint was opened by the usual elliptical incision, and the articular extremities of both bones sawn away, the patella being left. Doing well. *Case* 2. The Westminster, Mr. Holt. A woman, aged 46, the subject of diseased knee-joint for three years. She was hectic, and much reduced by long-continued suppuration. Numerous sinuses existed. There was distinct grating of the bones on motion; the knee was flexed, but there was no anchylosis. The elliptical incision was made, and the ends of the bones sawn away. The diseased part of the patella was gouged out, and the rest of the bone allowed to remain. All the cartilages were found to have been removed, and the crucial ligaments had also been destroyed. The hamstring-tendons were divided; a sinus already existing into the popliteal space; no other opening was needed. Not the least difficulty was encountered afterwards in keeping the limb at rest in the straight position. Profuse suppuration followed, attended with diarrhœa and some cough; a large bed-sore also formed, and from the combined influence of these the patient sank. Death took place on the fifteenth day. No rigor had occurred. At the autopsy, the granulations about the wound seemed healthy, but the cut surfaces of the bones were of a greenish colour and quite wanting in evidences of reparative action. No purulent deposits were found in the body. *Case* 3. St. Bartholomew's, Mr. Stanley. A girl, aged 15, in delicate health, for twelve years the subject of disease of the left knee-joint. She had been able to walk upon the affected limb until about sixteen months before, when a fresh inflammation occurred, and since which the leg had been retracted and quite useless. Issues over the part, and confinement of the limb in splints, had been tried without benefit. On March 29, Mr. Stanley performed excision of the joint. The usual elliptical incision was practised, and the ends of the bones sawn away. The patella was allowed to remain and the hamstring tendons were not divided. Great retraction followed the operation, and it was found impossible to keep the parts in proper position. The suppuration was very profuse, but the girl kept up fairly. The displacement was so great, that it was at length determined to amputate. Circular amputation through the lower third of the thigh was performed on April 10 (six weeks after the excision), and she afterwards did remarkably well. Recovered. *Case* 4. St. George's, Mr. Cutler. A boy, aged 16, the subject of chronic disease of the knee-joint. The joint was exposed in the usual way, and the end of the femur sawn off. The tibia and patella were but very slightly affected, and the carious spots in them having been gouged away, they were not interfered with further. Under treatment, *Case* 5. King's College, Mr. Fergusson. A woman, aged 18, under care on account of diseased knee-joint, of two years' duration. No benefit having been obtained by a six weeks' treatment by blisters and rest, excision of the joint was performed. An H-shaped incision was practised, and three-quarters of an inch in length from the femur, and an inch from the tibia, were sawn away. The carious portion of the patella was removed by the gouge. The synovial membrane of the joint was found rough and thickened; the cartilage was separated from the surface of the tibia, and an abscess extended an inch and a half into the centre of that bone. The limb was placed in the extended position on a straight iron splint. The patient suffered somewhat severely from the shock, but afterwards went on most satisfactorily. The greater part of the wound is now healed, and the bones are consolidating. *Case* 6. King's College, Mr.

Fergusson. A man, aged 21, under care on account of diseased carpus. An incision was made over the part, and some fragments of carious bone removed. Under treatment. *Case* 7. The Middlesex, Mr. Shaw. A man, aged 18, for six months the subject of diseased hip-joint. The head of the femur was dislocated on to the dorsum ilii, and lay immediately beneath the skin, keeping up much irritation. Excision of the head and neck of the bone was performed. The acetabulum was found to be denuded of cartilage, but not in a state of active disease. No difficulty was afterwards encountered in keeping the thigh in position. The patient's health has considerably improved since the operation, but the wound still discharges. (The part removed was shown at a recent meeting of the Pathological Society. *See* report, *Med. Times and Gaz.*, p. 395.) *Case* 8. The Middlesex, Mr. Moore. A woman, aged 31, for two years the subject of diseased elbow-joint. The disease had begun without known cause, as stiffness, soon afterwards followed by abscesses. Excision of the joint was performed. A V-shaped portion was cut away from the humerus, so as to include almost the whole articulating surface, but to leave the condyles. The extremities of the radius and ulna were cut away. A few days after the operation, a slight attack of erysipelas occurred, but it soon subsided, and healing went on well until, about six weeks later, a fresh attack of unhealthy inflammation occurred. Since the last there has been profuse suppuration. Under treatment. *Case* 9. University College, Mr. Erichsen. A child, aged 5, under care on account of disease of the ulna and elbow-joint. Excision of the joint. Under treatment. *Case* 10. Guy's, Mr. Cock. A boy, aged 12, of strumous constitution, thin, and cachectic. He had long been the subject of diseased tarsus, and great thickening of the soft parts around the os calcis existed, several sinuses leading down to denuded bone. Mr. Cock made a free incision over the outer part of the bone, and took out almost the whole of it, in a necrosed state. The dead portion was quite detached, and was surrounded by a good shell of new bone. But little flattening of the heel has resulted, and the parts are now almost healed.

Operations for the Removal of Necrosed Bone.—Operations for the removal of sequestra from necrosis of long bones have been performed in seven cases. In three the lower jaw was the affected bone, in one the femur, in one the ilium, in one the radius, and in one the tibia. In none did any ill consequences result.

Operations for Urethral Stricture.—*Case* 1. St. Bartholomew's, Mr. Paget. A man, of middle age, under care on account of stricture, the result of gonorrhœa seventeen years ago. For six years past the stricture had caused much suffering, and there were three or four fistulous passages in the scrotum, through which urine escaped. With some difficulty a No. 1 groove staff was passed through the stricture, and on it perineal section was performed. A silver catheter was afterwards retained. The case did well. The wound is now nearly healed, and only a little urine occasionally escapes from one of the fistulous passages. *Case* 2. The Metropolitan Free, Mr. Hutchinson. A man, aged 40, the subject of stricture for thirty-four years, consequent originally on a blow, and at different periods since much aggravated by attacks of gonorrhœa. He had been under treatment in many hospitals, and once or twice had very nearly died from abscesses in the perineum and extravasation of urine. No instrument had ever been got into the bladder since 1849, although he had in the interval had repeated attempts made. He was admitted under Mr. Hutchinson's care on April 6, suffering from retention, and after most patient trials it was found impracticable to introduce the smallest catheter. Under the influence of opium a partial relaxation of the stricture took place, and some urine flowed. On the next day, the bladder being still full, he was put under chloroform, and a No. ½ Syme's staff having been forced through the stricture, perineal section was performed. A No. 8 silver catheter was subsequently retained for twelve hours. All went on well, and he left the hospital three weeks after, passing urine in a full stream, the wound in the perineum being, however, not quite closed. A fortnight later a calculus escaped from the bladder, and got impacted just anterior to the prostate, for the removal of which a rather free incision in the perineum had to be made. The man has now quite regained his health, and the wound is very nearly healed. *Case* 3. Guy's, Mr. Birkett. A boy, aged 14, was admitted in January, having received a blow on the perineum, by which, as was proved by an incision, the urethra had been torn completely across. After recovery nearly the whole of the urine passed by the perineal fistula which resulted. On April 15, Mr. Birkett attempted to restore the continuity of the canal by introducing a catheter down to the contracted part, and having divided the latter, passing it on into the bladder. The instrument was retained for some days. The urine now mostly passes by the urethra, but the perineal wound is not yet closed. *Case* 4. The Marylebone, Mr. Henry Thompson. A man, aged 44, who had been under much hospital treatment on account of a stricture of twenty years' standing. Dilatation had been frequently resorted to, and with only very temporary benefit. A No. 2 Syme's staff having been introduced, the stricture was freely divided from the perineum. A No. 10 catheter was retained for forty-eight hours. A month after the operation a No. 11 could be passed with ease, and the wound subsequently healed soundly. He passes urine in a good stream, and has quite regained his health. *Case* 5. King's College, Mr. Fergusson. A man, aged 23, the stricture of eleven years' duration, and the result of a blow. Perineal section was performed. Under treatment. *Case* 6. The Dreadnought, Mr. Busk. A man, aged 27, suffering from numerous urinary fistulæ, consequent on an impassable stricture of four years' duration. The stricture was divided by incision from the perineum (without a staff), and a catheter passed into the bladder. Under treatment. *Case* 7. University College, Mr. Erichsen.—A man, aged 35, the subject of several old fistulæ and a very tight stricture. Perineal section was performed. Doing well. *Case* 8. Guy's, Mr. Cock. A man, aged 28, in poor health; stricture of six years' duration, and for a long time impassable. The patient being on the operating table, and under the influence of chloroform, Mr. Cock succeeded in introducing a small grooved staff, on which perineal section was at once performed. A No. 7 elastic catheter was retained for two days, and afterwards passed occasionally. The wound healed quickly, and he now passes urine in a good stream; there appears, however, to be a urethral pouch just below the diseased tract in which urine accumulates. *Case* 9. Guy's, Mr. Cock. A man, aged 54, for twenty-five years the subject of stricture. Extensive sloughing had destroyed a considerable portion of the urethra, and numerous fistulæ remained. No instrument could be introduced, and the operation performed consisted in opening the urethra behind the seat of disease The wound remains open. The man is somewhat improved in health.

Puncture of the Bladder.—*Case* 1. Guy's, Mr. Birkett. A strong, healthy man, aged 80, admitted with retention of urine of two days' standing. All attempts at catheterism failed. Opium was tried; but the symptoms being urgent there was no time for delay. Puncture of the bladder by the rectum was performed, and about three pints of dark, turbid urine drawn off. The canula got displaced forty hours after its introduction, and was removed. For a few days urine continued to flow by the wound, but subsequently the natural channel became patent, and the wound closed. He left the hospital well one month after admission. *Case* 2. St. Bartholomew's, Mr. Skey. A man, aged 32, was admitted, almost dying, from retention of urine. He had suffered from stricture, consequent on a blow, since the age of 9. Catheterism being impracticable the bladder was punctured by the rectum. About two pints came away at the time, but none flowed afterwards. Death took place the next day. The autopsy showed the bladder almost full of coagula. The kidneys were extensively atrophied from old disease. A long tract of the urethra was all but impervious.—*Med. Times and Gazette*, June 17, 1856.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Suit for Malpractice.—[We invite attention to the following report of a suit for malpractice recently tried in New York, which is remarkable from the circumstance of a quack having met with his just deserts:—]

Marine Court.—Before Judge Maynard.—Courtney *vs.* Henderson.—The plaintiff is 57 years of age, of good habits, has worked as foreman for ten years for Messrs. Pollard, up to last December, when he quit with bad eyes; went to the Eye Infirmary; remained there from six to eight weeks, when he was induced by a friend of the defendant to leave the Eye Infirmary and put himself under the defendant's treatment. There had been a gradual improvement of his eyes from soon after he entered the Eye Infirmary until he left, and that improvement continued for two or three weeks after he left—no doubt being the result of the treatment he received at the Eye Infirmary—when they began to grow worse. He continued under the defendant's treatment until July (about three months), and the defendant performed an operation on his eyes, and put some kind of a powder into them.

When he first put himself under the defendant's treatment he could go there alone; he soon became so blind that he had to be led there by a little boy. The plaintiff returned to the Eye Infirmary in July, but his vision was gone, never to return. Dr. Agnew deposed that he has no doubt the plaintiff's eyes would have got well if he had remained in the Eye Infirmary, or been under good treatment outside. Dr. Agnew and Dr. Buck, both holding positions in the Eye Infirmary—the only physicians who testified in relation to the treatment—have no doubt that the plaintiff's eyes would have recovered under proper treatment.

They both gave a history of their practice in diseases of the eye, which is different from the defendant's practice, as testified to and shown by a card, which is admitted to be his. The defendant offered to prove by a score of persons that they had had bad eyes, and been treated for them by the defendant and got well, or improved, which was ruled out by the Court. The defendant's counsel raised several points, but the second one is sufficient to state—"That an error in judgment is not malpractice."

The Court held that to be good law, when applied to a man skilled in anatomy, surgery, or physics, but that it had no application in this case; that the defendant, knowing nothing of anatomy, surgery, or physics, could have no judgment in the matter. The law contemplated a judgment founded upon skill and knowledge in these sciences.

That man who would hold himself out to the world as a doctor and an oculist without a diploma, without any knowledge of these sciences, and under such false pretences obtain a patient, and commence tinkering with the most delicate of all the organs, the eye, must be reckless indeed. An error in judgment, of a man skilled in a particular calling, is not malpractice, unless it is a gross error. But error in judgment, in a science, of a man unskilled in that science (if such a thing can be) is malpractice. In other words, a person attempting to practice, in physic or surgery, without first having obtained a knowledge of such science, is liable for all the damage that is the result of his practice. I have no doubt the plaintiff lost his vision through the defendant's treatment, and that the treatment was the result of ignorance on his part. Judgment for the plaintiff, $500; allowance, &c., $12.

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Medical Education in St. Louis.—[We commend the following remarks, extracted from an editorial article in the *St. Louis Medical and Surgical Journal*, to the attention of our readers, because they denote an elevated, manly, and philosophical spirit, which are better calculated to win favour for their school than the clap-trap and senseless appeals to sectional spirit and popular prejudice so loudly urged by some of the schools in order to attract students, and which have always seemed to us to indicate a sense of weakness and a feeling that better claims were wanting:—]

"In urging the claims of St. Louis as a point for acquiring a medical education, and in directing the attention of western students to these claims, which we unhesitatingly do, we at the same time wish it distinctly understood that we are governed by no narrow or sectional feelings, but do so upon the broad grounds of equal facilities. We claim no superiority over other large cities, while at the same time we admit no inferiority. Thus influenced, we again repeat what we have heretofore said, that we can see no good reason why western students should forsake their own home institutions, to crowd eastern schools to such an extent as to render it impossible—from the very numbers present—for them to derive any advantage whatever from hospital instruction. We would not if we could, by word or deed, fan the flame of sectional feeling, at present, unfortunately, so rife in the land, neither would we circumscribe within narrow boundaries the great 'republic of medicine.' We love our profession—we love our country, and our whole country; but, if what we have said be sectionalism, then are we *sectionalists.*"

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Yellow Fever near New York.—A number of cases of yellow fever have occurred at Quarantine, Staten Island, at Brooklyn, and at Fort Hamilton. There have been admitted to the Marine Hospital at Quarantine from Aug. 28th to Sept. 9th, 146 cases of yellow fever, and there have been 25 cases among the employés.

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New York Medical Times.—This well-conducted journal, which has ever supported the honour and respectability of the profession, and contributed its quota to the advancement of our science, terminated with the September number. We regret to part with so able a contemporary, and one which has always claimed our respect.

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College of Physicians and Surgeons, New York.—Dr. Samuel St. John, of the Cleveland Medical College, has been appointed to the Chair of Chemistry vacated by the resignation of Dr. John Le Conte.

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Physicians' Visiting List.—Messrs. Lindsay & Blakiston has published this highly useful little volume for the year 1857.

FOREIGN INTELLIGENCE.

Effects of Ligature of Œsophagus.—It is well known that a number of our notions about many poisons, rest, at least in part, upon experiments made by Orfila, in which this eminent toxicologist had tied the œsophagus of dogs, to prevent vomiting, after having injected into the stomach the substances suspected to be poisons. The results of the experiments of Orfila would have but little value, if it were proved that the ligature of the œsophagus alone could produce many of the effects he attributed to poisons, or rather to substances considered as poisons. According to MM. Bouley and Reynal, Professors at the Veterinary School at Alfort, this supposition seems to be the truth. Some time ago, M. Reynal discovered that brine is a violent poison in certain doses. One of his colleagues at Alfort, Professor Goubaux, published recently a paper, in which he says, that common salt is also a poison, and that the tonic powers of brine are mostly due to the common salt it contains. M. Goubaux went so far as to say, that even a dose of 40 grammes (one ounce and a third) of common salt is sufficient to kill a dog. MM. Reynal and Bouley, on the contrary, have ascertained that even 100 grammes of salt may be given, at one meal, to a dog, without any deleterious effect. In searching what could be the cause of the differences between their experiments and those of M. Goubaux, they found that it was in the mode of experimenting. M. Goubaux used to put a ligature round the œsophagus, after having given the salt to his dogs, and MM. Bouley and Reynal did not employ this means. In examining what would be the effects produced by the application of a ligature round the œsophagus in healthy dogs, they found that frequently this operation caused death. Already, Giacomini, Devergie, and Rognetta, criticising Orfila, had said that the ligature of the œsophagus was a serious operation, and that the great toxicologist had often attributed to poisons, symptoms produced by this operation. Orfila had answered with his customary violence; and he was so positive in his affirmations that the ligature of the œsophagus is an innocent operation, that the public had admitted his assertion. The experiments of MM. Bouley and Reynal seem to leave no room to doubt; they show that various symptoms, some of them very serious, are frequently the result of the mere tying of the œsophagus. In their first paper they state that, out of eight dogs upon which they had performed this operation, five died in from two to seventy-two hours. Of the three dogs that survived the operation, one only recovered quickly after the removal of the ligature, which had been left two hours; of the two others, one was ill four days, and the other eight days. In another series of experiments, in which a small quantity of common salt or of emetics had been injected into the stomach, before the application of the ligature round the œsophagus, the efforts of vomiting were very great, and death ensued very soon after in six dogs out of seven.

In a second paper, MM. Bouley and Reynal have tried to show how much Orfila was misled by his mode of operating. According to this eminent toxicologist, 3 grammes (2 scruples) of subnitrate of bismuth are sufficient to kill a dog. This seems to be true if, after having given such a dose of this substance to a dog, the œsophagus is tied; but, if it is left free, this dose has no bad influence whatever, as might be expected by practitioners, who give daily much larger doses of this substance, and by those who know that Prof. Trousseau often gives at once 30 grammes (1 ounce) of this medicine, and that M.

Monneret gives 30 grammes of it. According to Orfila the nitrate of potash is a poison in the dose of 4 grammes (3 scruples), and so it is with the sulphate of copper in the dose of 2 grammes (36 grains). True it is that these doses of these substances kill dogs, when their œsophagus is tied, but they do not affect them much if this canal is not tied, or if the ligature is left only a short time.

According to MM. Bouley and Reynal the ligature of the œsophagus causes death by exciting prolonged and energetic efforts of vomiting. Sometimes, particularly when the stomach contains much food or water, the efforts of vomiting are constant, and then death occurs quicker.

The friends of Orfila in the Académie de Médecine have been greatly moved on hearing the communications of MM. Bouley and Reynal. Some of them had seen him experimenting, and had been his assistants; they said that the ligature of the œsophagus is not by far so dangerous an operation as MM. Bouley and Reynal represent it to be. They felt inclined to suppose that MM. Bouley and Reynal tied some nerves together with the œsophagus.

M. Renault said that he witnessed the experiments of MM. Bouley and Reynal, and he is satisfied that all they state is right. As regards an injury to the par vagum, this cannot be considered as the cause of the death of the animals experimented upon by MM. Bouley and Reynal, as the autopsy has showed there was no such thing.

Many experimenters read papers on this subject at the last meetings of the Academy. Prof. Jobert de Lamballe, gave the results of two series of experiments, which he thinks to be in opposition with the conclusions of MM. Bouley and Reynal. But they seem, on the contrary, to be in accordance with these conclusions, as about one-half of the animals experimented upon died in a few days, and almost all the animals made efforts at vomiting.

M. Orfila, a nephew of the great toxicologist, has related some experiments, which, according to him, are in opposition with the conclusions of MM. Bouley and Reynal; but here also we find that two dogs died in about eight days after the operation.

M. Colin has also read a paper, in which he tries to show that MM. Bouley and Reynal have been completely mistaken. Only one of the animals he experimented upon died some time after the operation.

As MM. Bouley and Reynal are very able experimenters, and in every respect to be relied upon, we think that the conclusions they have arrived at must be received as grounded upon fact. However, we shall be soon more enlightened on this subject, as MM. Bégin, Jobert, Trousseau, Renault, and Bouley, have been appointed a committee to investigate the matter, and report upon it.—*Med. Times and Gaz.*, Aug. 30, 1856.

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Gutta Percha.—Lieutenant de Bruyn Kops, Dutch Royal Navy, says that this is an exudation from the taban and percha trees. To procure it, the full grown tree is cut down, when the getah flows out. From large trees, fifteen to twenty catties may be procured. If more carefully collected, especially by tapping, as with the caoutchouc and other trees, it might form a permanent branch of trade. The improvident Malay, however, chooses rather to have as much as possible at once, than to enjoy a smaller but more permanent gain. It is for this reason that, at the more accessible places on the larger islands, all these trees have been already cut down, and are now only to be met with in the interior, on the east coast of Sumatra, Borneo, and the larger islands. The trade in the product from this Archipelago has already greatly diminished, very little being obtainable. Notwithstanding this falling off, no pains have been taken to plant fresh trees. It is true that stumps of the trees already felled again sprout, but these can only be cut at a distance of thirty years. The getah is run into small square pieces, called tampang. These are generally twenty to thirty catties in weight; the getah is then very dirty, mixed with sand, chips of wood, and other foreign substances, and must therefore be boiled and purified. The colour is light brown, mixed with dark and light streaks. All getah within the jurisdiction of the Sultan of Lingga must be delivered to him.—*Assoc. Med. Journal*, August 2, 1856, from *Pharmaceutical Journal.*

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Mortality in the French Army in the East during the Late War.—It has been our lot, on many occasions, to show that the chances of war are far less fatal to the soldier than the diseases he encounters when on foreign service. The sanitary history of the French Army of the East during the late campaign in the Crimea, is full of facts which confirm the truth of this proposition in a manner so frightful and astounding that we have long doubted the accuracy of the accounts which have reached us from week to week; and it is only by the accumulated testimony of eye-witnesses, and the reports of medical officers high in the French service, that we have been able to admit the possibility of a rate of mortality among our allies so unprecedented as almost to exceed belief. For the truth of the following statements, however, we have the authority of medical officers both in our own and the French service, and have permission to name them if need be. They are not only interesting in themselves, but additionally so, as the facts have been studiously concealed by the French Government, and are now made known for the first time in this country:—

1. There were fourteen French hospitals in the Bosphorus up to the end of March. Since then three others have been added. The following is a copy of an official return of the patients treated in all the hospitals in January, February, and March, 1856:—

January	13,520
February	21,309
March	28,167

2. During the ten days ending on the 20th of March, 1,009 *patients died;* and during the following ten days, 948 *patients died*, in these hospitals. The number of sick under treatment for all diseases on the 20th of March, was 11,366, and on the 30th, 9,763.

3. The aggregate loss by death from sickness (nine-tenths being from typhus) in the French hospitals on the Bosphorus exceeded 10,000 during the first quarter of the present year. The daily mortality in twelve of these hospitals in January and February, ranged up to 240.

4. From the 1st of January to the 17th of March, when the transport of typhus cases from the Crimea was discontinued authoritatively, more than 5,000 deaths occurred on board French transports and men-of-war, between the Crimea and the Bosphorus.

5. In the Crimea there were fourteen Field Hospitals, or *Ambulances*, during the same period, each containing from 800 to 1,100 sick. The deaths in each varied from 15 to 20 daily. Thus the aggregate loss by death from disease in these hospitals during this period exceeded 19,000, and is believed to have been very little under 25,000.

6. It is *known* that more than *thirty-four thousand* French soldiers of the Army of the East died from disease during the months of January, February, and March, 1856. It is *believed* by those able to judge, that those deaths exceeded *forty thousand.*

7. Sixty-four French Surgeons have died in the Crimea and on the Bosphorus since last November. Of 362 Surgeons of all ranks who have served with the French Army since its landing in Gallipoli in the autumn of 1854 to April, 1856, 72 have fallen victims to typhus alone.

8. On the 15th of March, 1856, there were, in the Officers' Hospital at Constantinople, 31 Surgeons in different stages of typhus, and only one combatant officer.

9. Of 840 hospital orderlies and attendants, employed in the sixty days of January and February, 603 were attacked by typhus when on service.—*Med. Times and Gaz.*, June 17, 1856.

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Banquet by the Medical Profession in France to their Brethren in the Military and Naval Service.—The banquet given, on the 20th August, by the medical profession in France to their brethren in the military and naval service, passed off with great enthusiasm and unanimity. More than four hundred practitioners assembled from all parts of France to do honour to this great national festival, which was also attended by representatives from the medical department of the British, Sardinian, and Turkish Armies. The dinner took place in the large covered court of the Hôtel du Louvre, and notwithstanding the great extent of the banqueting hall, it was necessary to prepare supplementary tables in the reception gallery. The chair was taken by Baron Dubois, and he was supported by MM. Rayer, Bouillaud, Nélaton, Ricord, among the civil practitioners; and by M. Bégin, President of the Military Council of Health, MM. Michel Lévy, Baudens, Larrey, Scrive, among the military guests; the medical departments of the British Army and Navy, were represented respectively by Sir John Hall and Mr. David Deas. The speeches were characterized by the eloquence and the animation for which our Gallic neighbours are distinguished; and the address of Sir John Hall, though delivered in English, was received with loud applause. The idea of this great banquet, which has terminated so successfully, originated in the mind of a young Parisian Physician, M. Maheux; and the whole of the arrangements gave entire satisfaction to the numerous guests, and to their hospitable entertainers. The fact of so large a dinner having passed off, not only without *contretems*, but with undoubted *éclat*, is highly honourable to the medical profession in France, which has thus set an example, worthy of imitation, to our brethren in our own country. It would, indeed, be a gratifying sight to behold four hundred British medical practitioners assembled together for the purpose of evincing their cordiality and fraternization with their fellows.—*Med. Times and Gaz.*, August 30, 1856.

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Cholera in Portugal and Madeira.—Lisbon letters speak of cholera as still continuing its ravages in Lisbon and through the provinces. Peniche is now declared infected. The French screw liner, Prince Jerome, has lost several men from this disease and typhus fever. The intelligence from Madeira is very disastrous. Cholera broke out at sea among some Portuguese troops that left Lisbon on the 20th of June, and when they landed at Funchal a fair was being held, the troops mixed with the inhabitants, and cholera broke out among the latter. When the Avon left Madeira on the 3d of August, there had been 5,000 cases of cholera and 1,500 deaths among the population of Funchal, which numbered only 28,000. The panic at Funchal was terrible; all business was suspended, the shops were closed, and every family isolated itself. The dead lay unburied in the cemetery, and fires were kindled there to mitigate the evil effects arising from the putrefaction of dead bodies. The government at length got twelve men to dig graves, and six of them literally dug their own, for they died almost immediately, and were buried in the graves they had made for others. Only one Englishman, an hotel keeper, had died of it. Seventy English escaped from Madeira in the Avon, and these were all the packet could accommodate. There were about two or three hundred left; but, fortunately, this is not the season for English people to be at Madeira.—*Med. Times and Gaz.*, Aug. 16, 1856.

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Cholera in Moscow.—Cholera is raging fearfully in Moscow, which is said to be the true cause of the postponement of the coronation of the Czar.

Humboldt on Mesmerism and the Transcendental in Anatomy.—A letter recently appeared from the venerable author of the *Kosmos*, dated Berlin, April, 1856, in which, speaking of cerebral electricity, he says: "I am not able to give any opinion upon the existence of various kinds of mineral, vegetable, animal, direct or indirect cerebral electricity. I have a direful horror of table turning and all kinds of pine-wood spiritualism and wooden psychographic mysticisms. We know that Geoffroy St. Hilaire pretends to have transpired the oxide of thought in Egypt. My incredulity is the simple consequence of my inability to follow him."—*Assoc. Med. Journ.*, July 26, 1856.

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The Late M. Amussat.—M. Amussat, senior, father of the late celebrated Parisian surgeon, has lately addressed a letter to the Academy of Medicine of Paris, in which he states that his son had long entertained the design of leaving to the Academy a testimonial of his gratitude and affection. The rapidity with which he was carried off by disease prevented him from carrying out his intentions; but, knowing these, his family desired the Academy to accept the yearly sum of 500 francs, for the purpose of founding a biennial prize in experimental surgery. In accordance with the intentions of the deceased, the essays must be founded on researches on the dead and the living subject. M. Amussat has also, in the name of his son, and in fulfilment of his wish, presented to the Provident Medical Association of the department of the Seine the sum of 4000 francs, or £160.—*Assoc. Med. Journ.*, August 2, 1856.

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Appointments.—Mr. Fergusson, Professor of Surgery in King's College, has been appointed Examiner in Surgery, at the London University, in the place of Mr. Hodgson, who has accepted the post of Examiner at the Royal College of Surgeons.

Mr. T. H. Huxley, of the Government School of Mines, has been appointed Examiner in Comparative Anatomy and Physiology in the London University, in place of Dr. Carpenter, who has accepted the place of Registrar in the University.

Mr. George Bush has been appointed Professor of Anatomy and Physiology in the Royal College of Surgeons of England, in the place of Professor Owen, who has commenced the active duties of his new office in the British Museum.

THE MEDICAL NEWS AND LIBRARY.

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WEST'S LECTURES ON DISEASES OF WOMEN, TWENTY PAGES.

CLINICS.

Statistical Report of the Principal Operations performed in the London Hospitals during the months of May and June, 1856.

Lithotomy.—Number of cases, 5; recovered, 2; died, 3.

Case 1. St. Mary's, Mr. Walton. A man, aged 24, symptoms of stone one year; a mulberry calculus, the size of a pigeon's egg, was removed. Some bleeding occurred afterwards, but it was arrested, and the patient made a good recovery. *Case* 2. Guy's, Mr. Callaway. A lad, aged 18, admitted in consequence of having passed a piece of French chalk attached to a string down his urethra. It could not be withdrawn, and was believed to be impacted in the prostatic tract. A staff having been passed down the urethra into its membranous portion, Mr. Callaway cut down upon it in the perineum. The string attached to the chalk was divided by the knife, and the foreign body slipped into the bladder. Under these circumstances a narrow incision in the prostate was made, and an ordinary lithotomy operation performed. The foreign body was entirely seized, and proved to be about an inch and a half in length, and about the thickness of a No. 8 catheter. The patient recovered well. *Case* 3. The Westminster. A boy, aged 6, in fair health, but who had suffered severely from the symptoms of stone. A lithic acid calculus, the size of a filbert, was removed by the usual operation. Very little bleeding occurred. Symptoms of low peritonitis supervened on the third day, and, in spite of free treatment by opium, death occurred on the sixth. No autopsy was permitted; the wound was sloughy. *Case* 4. Guy's, Mr. Cock. A man, aged 59, a hair-dresser, from the country. He was of temperate habits, but having suffered from stone for upwards of ten years, was completely worn out by pain, etc. He was in miserable health, and his urine was habitually loaded with pus and mucus. A large stone filled the bladder. The operation was performed at his own urgent solicitation, and almost

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Published monthly by BLANCHARD & LEA, Philadelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage to the subscriber.*

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without a hope of success. A stone, the size of a goose's egg, was removed without difficulty, and but little bleeding occurred. Its composition was lithic acid, with a thick incrustation of phosphates. The man required an unusually large quantity of chloroform. He never rallied well from the operation, and death took place next day. The autopsy showed a fatty condition of the liver; both the kidneys were destroyed to a great extent by old disease, and were also involved in recent pyelitis, their cavities being filled with muco-purulent fluid, and their structure showing numerous points of pus; the bladder had not been injured in the operation, but its coats were much diseased and in a half suppurating condition. *Case* 5. Guy's, Mr. Hilton. A man, aged 70, in poor health, having suffered from stone for three years. Two lithic acid calculi, each the size of a small damson plum, were removed. The operation was quickly performed, and very little blood was lost. The patient sank into a feeble state, and died on the seventh day. At the autopsy, the viscera generally were in healthy condition. The bladder was small and hypertrophied. The kidneys and ureters were healthy. Some extravasation of blood behind the pelvic fascia. The scrotum was in a sloughy state, apparently from extravasation, and the wound itself was also sloughy, and showed no attempt at granulation.

Lithotomy in the Female.—Guy's, Mr. Hilton. A girl, aged 18, in good health, was admitted, stating that she had four months before passed a hair-pin into the urethra. Since the occurrence she had suffered from all the symptoms of a foreign body in the bladder, and these had gradually increased in severity. The pin could be felt by examination per vaginam. In the bladder itself, nothing but a mass of calcareous concretion could be felt. An incision having been made in one side of the urethra, a part of the pin was seized, and being held in position was cut through and extracted, after which, by a little manœuvring, the other portion was removed without further injury to the viscus. The stone which adhered around it was crushed and removed piecemeal, about two ounces of fragments being taken away. The patient recovered well, but as yet she suffers from some incontinence of urine.

Removal of Foreign Bodies from the Bladder.—*Case* 1. Guy's, Mr. Hilton. A hair-pin incrusted by deposit in the bladder of a girl, aged 18. *See* "Lithotomy in the Female." *Case* 2. Guy's, Mr. Callaway. A piece of French chalk in the bladder of a young man. Extraction by lithotomy. *See* "Lithotomy," Case 2. *Case* 3. The Metropolitan Free, Mr. Hutchinson. A man, aged 30, was admitted, with the history that he had, three days before, broken a gutta percha bougie into his bladder, the portion left behind being believed to be about three inches in length. He suffered very little irritation; the urethra was quite pervious, but had formerly been the seat of a dilatable stricture. A prolonged attempt was made, by means of forceps constructed for the purpose, introduced into the bladder to seize the foreign body, but without success. The bladder was injected to its utmost capacity. A few hours after this attempt two pieces of catheter passed spontaneously into the urethra, and were removed by carefully squeezing them forwards. They fitted together, and also with the portion from which they had been originally broken, and evidently made up the whole of the missing fragment. The man recovered thenceforth without an ill symptom. The portions had been detained a week in the bladder, and it appeared their escape had been procured by the dilatation to which the urethra had been subjected just before.

Herniotomy.—Number of cases, 17; recovered, 6; died, 11.

Case 1. Guy's, Mr. Hilton. A woman, aged 50, in good health. Hernia femoral, strangulated 72 hours; the size of a hen's egg; sac unopened. The symptoms were severe. In the operation, after division of the stricture, the sac was lifted forward and a portion of gut was distinctly felt to slip up, a portion of omentum however remained irreducible, and as from the history it appeared this had been down for five years past—it was allowed to continue *in situ.* Recovered well. *Case* 2. Guy's, Mr. Cock. A woman, aged 40, feeble and delicate. Hernia femoral; long irreducible; increased in size and strangulated for 5 days. The tumour was large and tense; the abdomen was tender and there were all the symptoms of peritonitis. Previous to her admission a large sinapism had been applied to the abdomen, but very fortunately no purgative had been given. The sac was not opened, but the stricture having been divided, all its contents were easily returned. The symptoms did not cease after the operation, and calomel and opium were accordingly administered. The symptoms of peritonitis ceased as soon as the mouth became sore. On the third day an enema was given, and much scybalæ brought away. Recovered well. *Case* 3. St. Bartholomew's, Mr. Lawrence. A male infant, aged 13 months. Hernia congenital; strangulated several hours; sac not opened. Recovered well. *Case* 4. University College, Mr. Erichsen. A man, aged 31. Hernia inguinal, strangulated four days. The sac was opened and the bowel found so firmly adherent that it could not be reduced. The stricture having been freely divided, the gut was left *in situ*. Some sloughing of the scrotum ensued, but the patient made, notwithstanding, a good recovery. *Case* 5. The London, Mr. Ward. A man, aged 26. Small congenital; limited to the inguinal portion of the cavity of the tunica vaginalis, the body of the cavity being occupied by bloody fluid. Strangulation 48 hours. Symptoms very acute. Sac opened; gut highly inflamed; old and recent adhesions to sac detached. Death in 25 hours from peritonitis, accompanied with diarrhœa. Opiate treatment and ice. *Case* 6. St. Mary's, Mr. James Lane. A woman, aged 43. Hernia femoral; strangulated 2 days. Sac opened. Recovered. On opening the sac a large quantity of fluid escaped, and the protruded bowel returned without any division of the stricture being necessary. *Case* 7. St. George's, Mr. Prescott Hewett. A woman, aged 52. Hernia femoral; strangulated two days. Sac opened. The sac contained small intestine, congested but not inflamed. Recovered. *Case* 8. St. Thomas's, Mr. McMurdo. A woman, aged 36. Hernia femoral; strangulated 3 days or more. The sac was opened, and the bowel found very dark-coloured and lustreless. After division of the stricture it was found that the adhesions were too strong to admit of reduction. The bowel was left *in situ*, and on the following day gangrene having occurred it was opened. The bowels did not act, and the symptoms continued. Death from peritonitis occurred on the 4th day. *Case* 9. St. Mary's, Mr. Lane. A woman, aged 28. Hernia femoral; strangulated 24 hours. Symptoms urgent. The sac was opened and reduction effected. At first, the patient appeared relieved, but symptoms of peritonitis subsequently developed themselves, and death occurred 48 hours after the operation. The post-mortem showed acute peritonitis. *Case* 10. The London, Mr. Adams. A man, aged 66. Hernia inguinal; strangulated two days. Sac opened. Death on the third day. *Case* 11. St. Bartholomew's, Mr. Stanley. A woman, aged 72. Hernia femoral; strangulated 48 hours, the size of a walnut. The sac was opened, and found to contain adherent omentum. No ill symptoms followed the operation, but she gradually sank into a feeble state, and died a month afterwards. *Case* 12. St. Bartholomew's, Mr. Lawrence. A woman, aged 57. Hernia femoral; the size of a walnut, strangulated several days (?). No marked symptoms. Sac not opened. Death on the fifth day. At the autopsy, the gut was found healthy, and the only lesion discoverable was congestion of the lungs. *Case* 13. St. Bartholomew's, Mr. Paget. A sickly ailing woman, aged 37. Hernia femoral; strangulated 6 hours. Sac opened. Death from peritonitis and pleurisy on the sixth day. *Case* 14. The London, Mr. Curling. A woman, aged 57. Hernia umbilical, of large size, and strangulated 6 hours. The sac was opened and found to contain both omentum and intestines. Acute inflammation of the sac followed, and extended to the peritoneum. Death on the fifth day. *Case* 15. Guy's, Mr. Cock. A woman, aged 65. Hernia femoral; strangulated 2 days. Peritonitis existed at the time of the operation. The sac was opened, and its contents, both omentum and intestine, returned. The woman did well for a day, but on the second profuse diarrhœa set in. Opium treatment was pursued, but death followed on the fifth day. No autopsy. Previous to her admission into the hospital, purgatives had been freely given. *Case* 16. St. Bartholomew's, Mr. Paget. A woman, aged 50, admitted with a femoral hernia which had been supposed to be strangulated 3 or 4 days, and for the reduction of which the taxis had been much abused. She had been extremely sick, but from the effect of a dose of castor oil, a slight action of the bowels occurred shortly before the operation. The sac was opened, and nothing found but a portion of healthy omentum. She was very prostrate at the time, but had not the usual symptoms of peritonitis. The sickness continued unabated afterwards, and the bowels did not act. Opium was freely given. Death occurred on the fourth day. At the autopsy a small perforating ulcer was found near the pyloric orifice of the stomach. There had not apparently been any escape of the contents of the stomach, and the signs of peritonitis were not seen. No bowel had ever been down, and it was evident that the symptoms had from the first been due to the perforation of the stomach, and not to the hernia. *Case* 17. Guy's, Mr. Birkett. A man, aged 43, the subject of oblique inguinal hernia on the left side, was admitted in a state of collapse, although from the patient's account, which was with difficulty obtained, strangulation had not existed more than 13 hours. The bowel was returned by operation, but the man died 3½ hours afterwards. Post-mortem: a large quantity of bloody serum in the peritoneum, and extreme congestion of the intestines generally.

Ligature of Arteries.—Case 1. St. Thomas's, Mr. South. A man, of middle age, was admitted on account of a large tumour, filling the right iliac fossa, and pulsating forcibly. It had been noticed only three weeks, and was rapidly increasing. The thrill was distinct, and there was no doubt as to the aneurismal nature of the disease. The man had suffered paroxysms of intense pain, and was extremely anxious for some measure to be tried. It being evident that the common iliac was enlarged, Mr. South determined to tie the abdominal aorta. The operation was dexterously and quickly performed, the patient being under the influence of chloroform. The patient never rallied well, and, although no symptoms of gangrene in either extremity were apparent, yet he sank and died about forty-two hours after the operation. At the autopsy the ligature was found to have been cleanly placed on the aorta just above its bifurcation. The peritoneum had not been opened. The aneurism, which was spurious, had commenced in the external iliac, and had extended up the side of the common iliac to the level of the fourth lumbar vertebra. The lungs were very much congested.

Trephining of the Skull.—St. George's, Mr. Johnson. A lad, aged 18, was admitted with an extensive compound and comminuted fracture of the skull. The dura mater was torn, and the brain injured. The trephine was used, and the depressed portions of bone removed. Hernia cerebri followed. Death on the fourth day.

Excision of Joints, etc.—Case 1. St. George's, Mr. Tatum. A lad, aged 19, under care on account of strumous disease of the knee-joint. Excision of the articulating ends of the bones was performed. Death from pyæmia followed. At the autopsy, the cancellous tissue of the tibia was found infiltrated with pus, and there were purulent deposits in several viscera. *Case* 2. The Metropolitan Free, Mr. Hutchinson. A woman, aged 30, in fair health, was admitted on account of a very large tumour, apparently growing from the head of the right humerus. The history was, that the disease had followed a fracture four years ago. There was a large mass of diseased glands below the axilla. The tumour of the humerus overlapped the acromion, and end of clavicle above, and below bulged into the axilla. In many parts it was hard, as if surrounded by bone. Amputation at the shoulder-joint was advised, but the patient obstinately refused to submit. Under these circumstances, Mr. Hutchinson excised the articular head, and about a fourth of the shaft of the humerus. The extremities of the acromion, of the clavicle, and of the coracoid process were removed, in order to give room above; but they were not diseased. The whole mass was considerably larger than an infant's head, and consisted of a myeloid and fibro-plastic tumour, developed both within and externally to the bone. The mass of enlarged glands was dissected out at the same time by a distinct incision. The arm was subsequently kept well up, and the healing progressed most satisfactorily. All was healed at the end of six weeks, excepting one small sinus. The arm, although nearly a third shorter than the other, promised to be a very useful one, and the patient could already use her hand a little. Very soon after the operation one of the cervical glands behind the sterno-cleido mastoid began to enlarge, and about two months afterwards the disease re-appeared simultaneously at the extremity of the humerus, and in the cellular tissues of the subaxillary region. At present these three distinct growths are rapidly increasing, and all further interference with the disease is hopeless. The woman is in fair health, and able to walk about. *Case* 3. St. Thomas's, Mr. Solly. A woman, on whom several previous operations had been performed for diseased ankle. Some carious bone was gouged out. Doing well. *Case* 4. St. Bartholomew's, Mr. Stanley. A girl, aged 14, under care on account of diseased tarsus. A free incision was made over the inner aspect, and the opposed surfaces of the calcis and astragalus found to be carious. No bone was removed. Under treatment. *Cases* 5 and 6. St. Bartholomew's, Mr. Stanley. In each of these the olecranon was exposed and gouged on account of superficial caries. Both the patients are men, one aged 54, the other 20. Under treatment. *Case* 7. Guy's, Mr. Hilton. A boy, aged 13, of strumous constitution, and worn down by disease of the elbow-joint. He had been kept to bed, and the limb confined in splints, but with no benefit. The alternative being between amputation and excision, the latter was preferred. The disease had followed a blow with a stick, five months before. The joint was laid open by the T-shaped incision, and the extremities of the three bones cut away. The boy did well afterwards, and is now in improved health and able to walk out; there is still, however, much swelling of the soft parts. *Case* 8. St. Mary's, Mr. Walton. A lad, aged 18, in poor health, who had suffered from disease of the elbow-joint for two years, consequent on a sprain. There had been extensive ulceration of the soft parts, and the suppuration had also been very profuse. An H-shaped incision was practised, and the extremities of the three bones sawn away. Everything has since done remarkably well. The lad is gaining flesh, and the parts are fast healing. *Case* 9. University College, Mr. Erichsen. A child, aged 5, under care on account of diseased elbow-joint. The extremity of the ulna was excised. Unhealthy inflammation followed, and amputation had to be performed, since which the case has done well.

Amputations.—Of the Thigh.—Case 1. St. Bartholomew's, Mr. Paget. A feeble man, aged 20. Diseased knee-joint of three years' duration. Amputation in lower third of thigh. Recovery. *Case* 2. The London, Mr. Critchett. A boy, aged 8, under care on account of scrofulous disease of the knee-joint of two years' duration. Doing well. *Case* 3. University College, Mr. Erichsen. A man, aged 28. Disease of the knee of one year's duration. Amputation. Recovery. *Case* 4. University College, Mr. Erichsen. A man, aged 47. Diseased knee-joint of three years' duration. Amputation. Recovery. *Case* 5. St. Mary's, Mr. Ure A lad, aged 19, admitted on account of a severe contusion of the leg. Sloughing followed, and the shaft of the tibia became extensively exposed. His health failing, amputation through the thigh was performed six weeks after the accident, and ten days after an acute aggravation of the inflammation about the leg, in which the knee-joint was also involved. The stump sloughed to a small extent, but a good recovery followed. *Case* 6. St. Mary's, Mr. Coulson. A woman, aged 27, on whom four operations with the gouge had been performed, on account of carious disease in the head of the tibia. The knee-joint had at length become involved; so severe was the constitutional disturbance that amputation through the thigh had to be performed. She remained very feeble some time after the operation, but is now well. The extremity of the bone will probably exfoliate. *Case* 7. Guy's, Mr. Birkett. A cachectic man, aged 48, was admitted on account of suppurative and extensive sloughing of the soft parts of the right leg. The knee-joint was anchylosed. While under care the gastrocnemic sloughed. Amputation through the thigh was performed. The stump sloughed, but the man is now well. *Case* 8. Guy's, Mr. Birkett. An unhealthy woman, aged 32, the subject of necrosis of the right femur, and disease of the knee-joint of two years' duration. Amputation. Recovery. *Case* 9. Guy's, Mr. Cock. A man, aged 32, admitted on account of his leg having been crushed by a railway accident. Primary amputation. Not a bad symptom occurred for two weeks, when suddenly the man had a severe rigor. Symptoms of pyæmia thenceforth developed themselves, and death ensued eight days later. Acute pleuro-pneumonia was discovered at the autopsy. *Case* 10. St. Bartholomew's, Mr. Lawrence. A boy, aged 14, the subject of a tumour in the left calf, of two years' growth; some glands in the popliteal space were diseased. He had not suffered much pain and was in fair health. Amputation was performed, and the tumour found to be a large growth of medullary cancer. Death from pyæmia on the eighteenth day. No autopsy was permitted. *Case* 11. University College, Mr. Marshall. A man, aged 21. Primary amputation on account of compound fracture. Death on the seventh day.

Of the Leg.—Case 12. St. Mary's, Mr. Ure. A woman, aged 68, under care on account of disease of the ankle-joint following an injury. Amputation. Under treatment. *Case* 13. St. Mary's, Mr. Ure. A man, aged 63, of broken down constitution, under care on account of diseased ankle-joint, the result of injury. Amputation. Under treatment. *Case* 14. St. Bartholomew's, Mr. Stanley. A man, aged 20, in good health, under care on account of diseased tarsal bones after a Chopart's amputation. Amputation in lower third of leg. Recovery. *Case* 15. St. Bartholomew's, Mr. Stanley. A man, aged 41, under care on account of diseased ankle-joint. Amputation. Recovery.

Of the Upper Extremity.—Case 16. Guy's, Mr. Birkett. A delicate looking woman, aged 27, the subject of osteoid tumour involving the bones of the forearm, and of five years' growth. The circumference of the affected forearm was sixteen inches, that of the healthy being six. Amputation through the mid-humerus. Recovery. *Case* 17. The Metropolitan Free, Mr. Hutchinson. A woman, aged 54, of very feeble constitution, whose elbow-joint had been excised four months before. The parts about the joint remained much swollen, and there was still much discharge. Her health failing, amputation through the upper arm was necessitated. Recovery. *Case* 18. University College, Mr. Erichsen. A child, aged 5, for whom resection of the elbow-joint had been performed. Unhealthy inflammation having supervened, amputation through the upper arm was necessitated. Recovery. *Case* 19. University College, Mr. Quain. A woman, aged 35, under care on account of diseased carpus. Amputation through the forearm. Secondary hemorrhage on the seventh day. Recovery. *Case* 20. University College, Mr. Quain. A woman, aged 70, under care on account of disease of the carpus. Amputation through the forearm. Recovery. *Case* 21. St. Thomas's, Mr. Le Gros Clarke. A healthy man, of middle age, had received a severe compound fracture of the right arm, in addition to which he had fractures of several ribs, dislocation of the clavicle, and severe bruising of the left leg. Amputation a little below the shoulder. For a fortnight after the operation he remained in a state of low delirium, and there was no attempt at healing in the stump. A severe attack of secondary hemorrhage then occurred. Under the free use of stimulants, the patient, in spite of sloughing of the integument, at length recovered. *Case* 22. St. Thomas's, Mr. South. A young man admitted on account of having had his arm smashed by the ramrod of a gun which he was loading. Primary amputation at the shoulder-joint. Recovery. *Case* 23. St. Thomas's, Mr. McMurdo. A boy, aged 13, admitted on account of severe laceration of the forearm and elbow. An attempt was made to save the arm, but the wound doing badly, secondary amputation had to be resorted to ten days after the accident. He gradually sank, and died eleven days after the amputation. *Case* 24. Guy's, Mr. Hilton. A man, aged 27, in good health. Primary amputation through the forearm on account of a crush sustained in a railway accident. Four days after the operation delirium tremens set in, from which he died on the day following. *Case* 25. St. Bartholomew's, Mr. Stanley. A man, aged 49, of intemperate habits, admitted on account of phlegmonous erysipelas of the forearm. Sloughing ensued, and the wrist joint was opened. Several severe attacks of secondary hemorrhage followed, and for the arrest of these, amputation through the upper arm was performed. Death. *Case* 26. University College, Mr. Erichsen. A man, aged 43 Amputation of arm, on account of diseased elbow. Death from exhaustion on the seventh day.

Removal of Malignant Tumours.—Case 1. Guy's, Mr. Birkett. A woman, aged 31. An epithelial cancer of the left labium pudendi of three months' growth was excised. Recovery. *Case* 2. The Metropolitan Free, Mr. Hutchinson. A woman, aged 50, admitted on account of most extensive epithelial cancer of one year's duration, involving both labia pudendi, the clitoris, and surrounding the upper part of the urethral meatus. Its surface presented a large, deep, sloughy ulcer. In the left groin was a mass of enlarged glands the size of a fist, attached to the skin, but not ulcerated, and lower down in the thigh was a single gland the size of a walnut, and deeply placed to the inner side of the vein. The whole of both labia and their adjacent parts were dissected away, about half an inch of the upper surface of the urethra being exposed. In one part of the wound, the symphysis pubis was all but exposed. The whole of the diseased glands were also removed. The patient had a long convalescence, being much reduced by the profuse suppuration from the large wounds; but she ultimately recovered well. *Case* 3. St. Thomas's, M. Simons. An elderly man. Excision of a small epithelial cancer from the lower lip. Recovered. *Case* 4. Guy's, Mr. Cock. A woman, aged 36, under care on account of cancer of the tongue. The tongue had been sore for a year, and a rough tooth was believed to be the irritant cause. The disease involved the tip and left side of the organ, and was easily excised; not much difficulty was encountered with hemorrhage. The part healed well. There were no enlarged glands. *Case* 5. Guy's, Mr. Cock. A man, aged 40, a gas worker, much exposed to soot and dirt, was admitted on account of cancer of the scrotum (Chimney-sweep's). Nine years before, a similar growth had been excised by the late Mr. Key. The present one was very large and of six months' duration. The whole was freely excised, and the wound healed well. *Case* 6. St. Bartholomew's, Mr. Lawrence. A man, aged 62. Epithelial cancer of the lip of a year's growth and of small size. Excision. Recovery. *Case* 7. Guy's, Mr. Cock. A man, aged 40, under care on account of epithelial cancer of the lip of four years' duration. Excision. Recovery. *Case* 8. St. George's, Mr. Prescott Hewett. A man, aged 40, under care on account of melanotic tumours in various parts of the body. There were two large ones in the groin, and at the patient's urgent wish, one of these, which was growing rapidly, was excised. The wound healed, but the other tumours continued to increase.

Excision of the Breast, and of Tumours connected with it.—*Case* 1. The London, Mr. Ward. A woman. aged 26. Tumour of large size and very rapid growth, having existed only three months. The gland adhering to it was removed with it. The growth, which was of the mammary glandular class, weighed two pounds and a quarter. It had been developed behind the breast. The wound healed well. *Case* 2. The London, Mr. Cutler. A woman, aged 63, under care on account of a large cystic tumour in the breast. A similar one had been removed three years before. Excision. Recovery. *Case* 3. St. Bartholomew's, Mr. Lawrence. A girl, aged 19. A small mammary glandular tumour was excised. Recovered. *Case* 4. St. Bartholomew's, Mr. Lawrence. A woman, aged 50. The whole breast was removed on account of scirrhus of uncertain duration. Recovery. *Case* 5. St. Mary's, Mr. James Lane. A woman, aged 46. The whole breast was excised on account of scirrhus which had existed twelve months. Recovery. *Case* 6. St. Bartholomew's, Mr. Stanley. A woman, aged 62, under care on account of a scirrhous tumour of small size and of eighteen months' duration. Excision. Recovery. An enlarged gland in the axilla existed, but was not removed. *Case* 7. St. Bartholomew's, Mr. Stanley. A woman, aged 50, who had been subjected to several previous operations. From her left breast scirrhous tumours had twice previously been excised, and from her right two of cystic character. On the present occasion a recurred scirrhous mass the size of a nut was excised from the left, and one of cystic character the size of half an orange from the right. Under treatment. *Case* 8. St. Thomas's, Mr. Solly. A woman, aged 44. The whole breast was excised on account of a large growth of very suspicious character. Recovered. *Case* 9. St. Thomas's, Mr. McMurdo. A woman, aged 39. The whole breast was removed on account of scirrhus. Recovered. *Case* 10. University College, Mr. Erichsen. A woman, aged 46. The breast was excised on account of scirrhus of a year's growth. Recovered.

Amputation of the Penis.—*Case* 1. University College, Mr. Erichsen. A man, aged 64. The subject of ulcerated cancer of the glands. The whole organ was removed, the urethra being divided further forwards than the rest of the part, and its mucous membrane afterwards stitched to the skin to prevent retraction. Recovery.

Tracheotomy,—*Case* 1. St. Bartholomew's, Mr. Paget. A woman, aged 31, admitted on account of syphilitic ulceration of the larynx and pharynx. Great difficulty of breathing existed, and gradually increased to such an extent that tracheotomy had to be resorted to. Inability to swallow afterwards occurred, and the patient required to be fed with the stomach pump. Death from exhaustion seven days after the operation. *Case* 2. The Metropolitan Free, Mr. Hutchinson. A boy, aged 3, an out-patient, suffering from croup. Difficulty of breathing gradually increased, and for twenty-four hours before the operation suffocation had appeared constantly imminent. When seen for the first time by Mr. Hutchinson, on the eighth day of the disease, he was too ill to permit of any delay, or to allow even of his removal to the hospital. The operation was accordingly performed at his own home. Just before its completion he became deadly pale, and both respiration and pulse quite ceased. The tube having been inserted, the operator sucked up a large quantity of thick mucus which clogged the trachea, and then continued artificial respiration. In a minute or two there were signs of returning life, and a quarter of an hour afterwards the boy was breathing tranquilly. Complete relief was afforded by the operation, and he passed a comfortable night. On the following day, about sixteen hours after the operation, great dyspnœa again suddenly occurred, and in the time that was lost in seeking for surgical assistance, the child died. The tube was found blocked by a plug of mucus as tightly as if it had been corked. *Case* 3. The Hospital for Sick Children. A girl, aged 14 months, admitted May 22, with croup, which had commenced the day previous. The state of the child did not permit of any active remedies being employed. Tracheotomy was performed by Mr. Chippendale, the House-Surgeon, but the child died convulsed thirteen hours afterwards. On examination, false membrane was seen to extend down to the third division of the bronchi.

Operations for the Removal of Necrosed Bone.—Twelve operations of this class have been performed, and in all of them with good results.

Removal of Non-Malignant Tumours.—*Case* 1. University College, Mr. Erichsen. A woman, aged 23. A large tumour, of innocent nature, was excised from the axilla. Recovery. *Cases* 2, 3, 4, and 5. In these cystic tumours of considerable size were excised from different parts of the body. In all the wounds healed well. *Case* 6. Guy's, Mr. Cock. A man, aged 40. Excision of an epulis from the gum. Recovery. *Case* 7. St. Bartholomew's, Mr. Paget. A woman, aged 50, under care on account of a large pendulous tumour growing from the upper part of the thigh, and attached by a narrow pedicle. It was ulcerated in one part and had existed for sixteen years. Excision. Recovery. It proved to be fatty and cellular in structure. *Case* 8. St. Bartholomew's, Mr. Paget. A woman, aged 23, under care on account of a fibroid recurrent tumour in front of the thigh, which had been excised eighteen times during the last ten years. Mr. Paget made a very free dissection, exposing the sheath of the femoral vessels and removing carefully all the tissues adjacent to the morbid growth. The wound left was a very large one. Under care. (This case is the same as one repeatedly mentioned in former reports as the subject of many operations in Guy's Hospital.) *Cases* 9, 10, 11, and 12. In these fatty tumours, some of large size were removed. In all the patients did well. *Case* 13. St. Bartholomew's, Mr. Lawrence. A man, aged 35. The tumour was situated over the parotid gland, and was supposed to be itself glandular. After excision it was found, however, to be muscular and to be connected with the masseter muscle. Recovered. *Case* 14. Guy's, Mr. Cock. A woman, aged 33, in good health, from whose foot a fibro-plastic tumour had been removed three years ago. The scar had remained sound for about two years and a half, but during the last six months a returned growth had been gradually increasing. It was about the size of a walnut, and on excision proved to be connected with the flexor tendon of the great toe. Recovered. *Case* 15. Guy's, Mr. Cock. A woman, aged 22, admitted on account of a tumour, the size of a swan's egg, behind the thigh. It had existed a year, having caused much pain, and resisted all treatment. Puncture with a grooved needle proved it to be an hydatid cyst. A free incision was then made, the contents evacuated, and the parent cyst removed. Recovered. *Case* 16. Guy's, Mr. Cock. A woman, aged 47. Tumour, a small mammary glandular one, connected with the breast, and about the size of a pigeon's egg. Excision. Recovery. *Case* 17. Guy's, Mr. Birkett. A boy, aged 10, under care on account of a fibrous tumour of congenital origin, connected with the metatarsal bone of the right thumb. Excision. Recovery.

Removal of a Fœtal Abnormity.—A male infant, aged 10 months, was admitted into Guy's, under the care of Mr. Cock, on account of a large tumour developed in connection with the pelvic bones, and projecting on the surface of the abdomen. Its circumference was six inches, and it was slightly movable. The infant was in other respects well formed. It was increasing rapidly in size. Mr. Cock exposed its surface, and finding that it passed too deeply for its complete removal to be effected, placed a ligature round its base, on a level with the abdominal muscles, and then excised the larger part. It proved to be the remains of a fœtal development, probably of another child, and consisted in part of bone surrounded by cartilage. The infant recovered well, and there are as yet no signs of a second growth.

Removal of the Testis.—*Case* 1. Guy's, Mr. Hilton. A man, aged 22, in good health, until within the last two years. For two years the left testis had been gradually increasing in size, and an abscess had formed, which had left a small sinus leading into the gland. Excision of the whole was performed. The gland was found infiltrated with tubercular deposit, which choked the tubes. The head of the epididymis was especially affected, and in some parts the gland structure remained sound. *Case* 2. University College, Mr. Erichsen. A man, aged 40, under care on account of strumous disease of the testis of some years' duration. Excision of the gland. Recovery.

Ligature of Arteries.—*Case* 2. Guy's, Mr. Cock. A man, aged 35, of very intemperate habits, admitted on account of a compound fracture of the leg. The ends of the protruding bones were cut away, and reduction effected. Secondary hemorrhage occurred on three successive days, and the man sank into a state of typhoid debility. Four days after admission, Mr. Cock exposed the posterior tibial artery, and tied it above and below the wounded spot. The artery had been exposed from before by the removal of six inches of the shattered tibia. The man was too ill to bear it, or amputation would have been performed. Death took place on the eighth day after the accident.

Excision of Bones, etc.—*Case* 10. Guy's, Mr. Hilton. A boy, aged 7. Almost the whole of the os calcis was removed, by incisions on its outer side. It was loose, and in a state of necrosis. The epiphyses were left, and also a fair shell of new bone. Healing has progressed satisfactorily since the operation.

Operations for Urethral Stricture.—*Case* 1. University College, Mr. Erichsen. A man, aged 45, for twenty years the subject of an intractable stricture. An operation for its cure had been performed fifteen years ago, but had not been successful. A grooved staff having been introduced, Mr. Erichsen divided upon it a long and very tight stricture. The man did well afterwards. The wound is now quite healed, and No. 11 can be easily passed. *Case* 2. St. George's, Mr. Hawkins. A middle-aged man, under care on account of an impassable stricture, with perineal fistula. A staff was passed down to the stricture, and its point having been cut down upon, the latter was divided. A catheter was subsequently introduced into the bladder. The patient is doing well. *Case* 3. Guy's, Mr. Cock. A man, aged 38, the subject of old-standing stricture and of numerous perineal fistulæ. A small staff was passed through the stricture, and perineal section performed. Doing well. *Case* 4. St. Mary's, Mr. Coulson. A man, aged 30, for three years the subject of stricture. The smallest instruments could with difficulty be passed. There were fistulæ in the perineum. Syme's staff having been introduced, perineal section was performed. The wound is now all but healed, and a No. 8 is easily introduced.

Puncture of Spina Bifida.—The Metropolitan Free, Mr. Hutchinson. A male infant, aged 7 months, under care on account of a large spina bifida over the junction of the lumbar and sacral vertebræ. The child was well grown and in good health. The tumour was the size of a fist, and the skin over it was extremely thin. The measures of treatment at first adopted consisted in the employment of a gutta percha cup, so padded as to somewhat compress the tumour. For some weeks the child did well, and the tumour appeared to diminish; subsequently, however, the signs of cerebral irritation were developed, and the head began to increase in size. The child had repeated convulsive seizures. At the same time, the dorsal tumour became full and tense. To obviate its giving way, and in the hope of determining away from the head, puncture of the tumour was now performed. A very minute trocar was employed, about eight ounces of clear serum drained away, and the puncture allowed to close. The symptoms of cerebral irritation were not materially increased after this procedure, but the child continued to be very restless, and to have convulsions at frequent intervals. Some improvement had appeared to be taking place, when suddenly, on the tenth day after the operation, death took place in a violent convulsion. At the autopsy, the cyst was found to contain several ounces of thick creamy pus, which also passed into the adjacent part of the theca vertebralis. Flakes of lymph adhered to the arachnoid lining, and acute inflammation had evidently existed.

Plastic Operations.—Hare-lip.—In three cases operations for the cure of single hairlips have been successfully performed.

For Ruptured Perineum and Prolapsus Uteri.—St. Mary's, Mr. Baker Brown. In three cases of this kind Mr. Brown performed the usual operation of paring the edges, and uniting them across by the quilled suture, in all with a favourable result.

For Cleft Palate.—St. Thomas's, Mr. Solly. A girl, aged 12, with cleft of the soft palate. The usual operation was performed, but the sutures sloughed out, and no union resulted.

Ligature of Varicose Veins.—A woman, under the care of Mr. Walton, in St. Mary's, on account of very large varices on the outside of the leg and thigh, which had almost disabled her from going about. Ligature, by means of needles passed under the trunks, and silk twisted over them, was performed. The needles were allowed to ulcerate out. Doing well.—*Med. Times and Gaz.*, August 9, and September 6, 1855.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

The Lawrence County Medical Society.—This society met pursuant to adjournment, in the lecture-room of the Associate Reformed Presbyterian Church, the President, Dr. J. S. Cossit, in the chair.

The minutes of the last meeting were read and approved.

Reports of committees and delegations being in order, Dr. Leasure reported from the Delegates to the State Medical Society, that he alone of the delegates had attended the meeting of the State Society at its late session, in Philadelphia, in May last, and that he had, in the absence of a regular report from the County Society, reported on his own responsibility on the "Endemico-epidemic Topography of Lawrence County," illustrated by a map, both of which would be embodied in the forthcoming volume of the *Transactions* of the society. Reported accepted.

Dr. Marks, of New Bedford, was admitted to membership.

The Committee on Fee Bill reported progress, and was continued.

Dr. A. P. Dutcher, of Enon, reported a case of death from heart clot, masked by symptoms of violent cramp colic. In this case the clot was discovered on *post-mortem* examination, and had probably existed for some time previous to the final attack.

Dr. D. also incidentally reported another case of death from the same cause, occurring in a woman ten days after a healthy labour, induced by syncope without hemorrhage.

Dr. Leasure, of New Castle, reported a case of sudden death from pulmonary apoplexy occurring in a woman in the eighth month of pregnancy, from being suddenly taken out of a warm bed and exposed to a cold draught, and placed in a cold bed contrary to his express injunctions to the nurses.

Dr. Hall, of Harlansburg, reported a case of the death of a child from cerebral effusion, occurring while the patient was apparently convalescing from an acute attack of putrid sore-throat.

Dr. Hezlep, of Pulaski, reported a case of death occurring in a woman 35 years of age, on the fourth day after healthy labour, with her second child, with sudden paralysis of the right side passing gradually into apoplexy. In this case there were no premonitory symptoms, and the fatal issue probably resulted from rupture of a bloodvessel, or white softening of the brain.

Dr. Leasure, of New Castle, reported a case of death from scirrhus of the stomach, together with the autopsy in which the absence of vomiting in the early stages, or vomiting of the ingesta during the progress of the case, was accounted for on the *post-mortem* by finding the pylorus permanently and rigidly open, from the action of the hardened deposition around it.

An interesting and spirited discussion arose on the nature and treatment of epidemic erysipelas, which was participated in by Drs. Cossit, Dutcher, Hezlep, Hall, and Leasure.

The reports on puerperal disease were postponed till the next meeting, owing to the lateness of the hour at which they were called up.

A committee, consisting of Dr. A. P. Dutcher, of Enon, and Dr. S. M. Hamilton, of New Castle, was appointed to prepare the county report to the State Society, and the members were furnished with blank forms to be filled and placed at the disposal of the committee.

Adjourned to meet on the first Tuesday of December, to finish business necessarily laid over.

J. S. COSSIT,
D. LEASURE, *Sec'y.* *Pres't.*
NEW CASTLE, PA., *Sept.* 9, 1856.

List of Officers and Members.

President.—James Cossit, of New Castle.

Vice-President.—H. Hall, of Harlansburg.

Secretary and Treasurer.—D. Leasure, of New Castle.

Censors.—Drs. G. W. Wallace, of New Castle; W. Hezlep, of Pulaski; and A. P. Dutcher, of Enon.

Members.—Jas. Cossit, A. M. Cowden, J. W. Wallace, J. H. M. Peebles, T. B. Amberson, Wm. Shaw, S. M. Hamilton, D. Leasure, of New Castle; A. P. Dutcher, of Enon; W. G. Randolph, of Princeton; G. M. Coulter, of Eastbrook; D. B. Marks, of New Bedford; H. Hall, of Harlansburg; W. B. Hezlep, of Pulaski; J. Mitcheltree, of Edinburg; F. Taylor, of Mount Jackson.

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Dr. Mutter's Proffered Donation to the Philadelphia College of Physicians.—In our number for July last, p. 112, we mentioned the offer made by Dr. Mutter, to present to the College his pathological cabinet, and at his death to endow it with thirty thousand dollars on certain conditions. The College, after due consideration, accepted the trust; but we regret, on Dr. Mutter's account, to have now to announce that he has failed to carry out the offer he had made.

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Medical Staff U. S. Army.—A Medical Board, to consist of Surgeons C. A. Finley, S. G. J. Decamp, and J. J. B. Wright, will assemble at St. Louis, Mo., on the 1st of November, 1856, for the examination of applicants for admission into the Medical Staff of the U. S. Army. Applications must be made to the Secretary of War.

FOREIGN INTELLIGENCE.

Anomalous Condition of the Nerves of the Shoulder-Joint.—Two cases, not very striking in themselves, but eminently practical, and bearing at first sight some resemblance to each other, have occurred during the week. One patient was affected with what seems paralysis of the shoulder, or paralytic inability to lift the arm in the least—a condition quite ruinous to him as a labourer, as he cannot exert himself in any business. He suffered, according to the history of the case, some slight injury of the joint a long time ago, requiring him to lie in bed; but that had all gone, leaving this paralysis. Mr. WORMALD, under whose care he now is, conceived that there was a paralyzed condition of the musculo-spiral or circumflex nerve, the largest branches of the brachial plexus. The former winds round the shaft of the humerus, giving large branches to the triceps and insertion of the deltoid. The circumflex nerve passes over the border of the subscapularis, and winds round the neck of the humerus, then supplies the deltoid and shoulder-joint. This paralyzed condition of these nerves is often found under these circumstances; and Mr. Wormald proposed to treat the case on that view. The poor man had come up a long distance from the country, where it was pronounced incurable. By means of galvanism, liniments, and working the shoulder about, not keeping it, as is usual, in a sling, a great variety of such patients are cured in Bartholomew's and other hospitals.

In a second case (Mary L., aged 24 years), under the care of Mr. CURLING, at the London Hospital, there is an exactly opposite condition of the articulation and nerves, for which there is no assignable cause. The case, in fact, appears to be one of hyperæsthesia or neuralgia of these nerves, causing excessive sharp pain, and also complete inability to exert the proper motions of the arm. The only history the patient can give is, that the disorder came on spontaneously, or rather six months after her confinement, though it did not seem connected with the latter in any manner that she could trace. Mr. Curling here ordered *local anæsthesia* to be tried, by a peculiar combination used at the London Hospital, a mixture of chloroform and iodine. She was also ordered compound iron mixture, as an alterative; and is now improving.—*Assoc. Med. Journ.*, Sept. 20, 1856.

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Shall we have Female Graduates in Medicine?—We thought Bloomerism was dead, or at least confined to strong-minded ladies on the other side of the Atlantic. A circumstance has occurred, however, within these last few days, which convinces us that some of our own fair country-women *think* short skirts and trousers, if they use none. An English lady—age not known—has actually knocked at the council-chamber of the Senate of the University of London, and put the question point-blank, "Have you the power to make me a Bachelor of Medicine?" We can fancy the consternation the venerable senators were thrown into by this bold interrogation. Had we more wit, perhaps we could give an "Imaginary Conversation" of the discussion which thereupon ensued—the "dodges" suggested to keep out the point of the wedge—the bland speeches rehearsed in order to turn the lady from the door with all due civility—the very misgivings of some of the councillors, that the innovation of *Female* Bachelors would not be so insupportable after all, muttered in the words of Tennyson's *Princess*—

"Pretty were the sight,
If our old halls could change their sex, and flaunt
With prudes for proctors, dowagers for deans,
And sweet girl graduates in their golden hair."

Whatever may have passed in Council we know not. The Senate, not liking to say the uncivil thing of their own accord to the lady, have taken "the opinion of counsel," and it has gone forth that in London at least the University cannot make a bachelor out of a maid.

Miss White, however, need not despair. A fair country-woman has already taken the degree of Doctor in the United States, and is now, we understand, in full practice. "How did she obtain it?" all our associates will ask. Did she attend lectures, use the dissecting-knife, sit for months beside the dead body, male as well as female, and witness those awkward demonstrations which sometimes take place in the midst of an admiring crowd of "young sawbones?" How do they manage these things in America? Have they ladies' days and gentlemen's days in Brother Jonathan's hospitals, as they have here in some of the public anatomical museums, where the waxen Florentine Venus is dissected before gaping crowds? All these questions press upon us when we read of the rise of the female "faculty" on the other side of the Atlantic. We are advocates for a far higher scheme of education for woman than as yet obtains among us; and we have a splendid example in Mrs. Somerville, of the fact that some ladies are capable of following scientific pursuits with the best of us. Such exceptions are, however, to be taken as only proving the rule that the affectionate, and not the intellectual faculties are best cultivated by women. We know it will be said that in one branch of our art, women have long laboured with success. In continental towns the obstetric art is almost entirely in the hands of the *sage femme;* while, in France, Mme. Boivin ranks as a high authority. But we, in England, answer, that exactly as the art has gradually ennobled itself to a science, so the mere midwife has given way to the obstetrician. The other sex are the first in fact to repudiate the assistance of females, and "we shall have no confidence in them" is the almost universal expression of their disdain when petticoated doctors are mentioned.

We have not been informed what is the exact line of practice followed by our fair American co-labourers in the domain of medicine. Surgery they can scarcely follow; for, like Rosalind, they would faint, we should fancy, at the very sight of blood. Psychological medicine would appear to open the best field for the exercise of their soothing influence; but when we remember that the fair sex are at the bottom of so much of the actual madness of the world, we fear the new instruments of cure will prove worse than the disease—unless, indeed, we admit the homœopathic doctrine of "similia similibus curantur." Come what will, we fancy that the curative art, from the very nature of its preliminary study, must, in England at least, remain a sealed book to the ladies; or if they attempt the cure of disease, it must be as "mediums," spirit-rappers, mesmerisers, etc., in which wide field their hysterical tendencies may have, perhaps, a certain influence over the like weaknesses of their own sex. In the grand success of the English lady nurses in the Crimean hospitals, we see the true vocation of women. The tender hand, the tenderer voice, the thoughtful mind, the subtle interpretation of the heart's hidden wishes, these belong to woman; and in seeking to forego them for the sterner duties of the surgeon or physician, she belies her nature, and runs counter to her best instincts and aptitudes.—*Assoc. Med. Journ.*, Aug. 2, 1856.

THE MEDICAL NEWS AND LIBRARY.

VOL. XIV. DECEMBER, 1856. No. 168.

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CLINICS.

HOSPITAL GLEANINGS.

Conservative Surgery as regards Limbs and Joints torn by Accidents; Statistics of Resection.—A true system of conservative surgery, based on observation and induction, must be an object of anxious and painstaking interest to all surgeons. It is not the mere figures or notes of this or that surgeon that can exclusively decide anything at all in this department. In regard to resection, in particular, what is wanted is a comparative view of all the cases, with especial regard to the hygienic or other conditions unfavourable to the operation. This subject has indeed been just touched on by Mr. Jones, of Jersey, in his comparison of the results of all the London hospitals. The French military department, also, in the hundreds of cases of disarticulations in the Crimea, in the thousands of cases of amputation, and in over a hundred of resections, by carefully comparing one set of cases with the other, and correcting the death rate percentage in resections by the horrible and frightful death rate in amputations, and in the army generally, have also, in their government reports, gone well into the subject, and have done an immensity to clear up the fallacies of what is empirically called conservative surgery. We strive to do more in a resection than in an amputation; and the Paris surgeons fairly ask, Is that more worth the increased risk? We not only strive to save life, they say, but strive to secure almost a second life—the means by which a patient lives—his leg or arm. We should take care, on the other hand—and the conscientious provincial or London surgeon is right in taking care—of mere figures or statistics, remembering that there is a conservatism that loses a life and saves a limb, or gives us a mere operation; for he is the true conservative (like our friends in the Crimea) who saves both, or at least saves life. In the best set of cases published, there are thirty-one resections of the knee, and five deaths. Mr. Syme and Mr. Butcher are our best guides in civil,

Published monthly by BLANCHARD & LEA, Philadelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage*

☞ *In no case is this periodical sent unless the subscription is paid in advance.*

as the French military surgeons are in military practice. Mr. Syme gives his last twenty cases of amputation of the thigh without one death. We must compare this with thirty-one resections of the knee, and five deaths; but in resections of the elbow there is no controversy at all.

In knee cases, one uses the word "induction" unwillingly. But induction, to be useful, must come after *analogies of cases of another kind*, as well urged by old hospital surgeons. In some ten or twelve knee joint resections in the hospitals, twelve months old, there is nothing new. We here give some cases of another kind, bearing not remotely on the subject.

In a remarkable case, at present under the care of Mr. **Wormald**, the man was brought to St. Bartholomew's Hospital with dislocation of the foot inwards; both tibia and fibula were thrown off the astragalus, in the opposite direction. As the experience of St. Bartholomew's, with its magnificent hygienic arrangements, is in favour of assisting nature, even in such terrible injuries, Mr. Wormald reduced the dislocation under chloroform, and for several days hoped he had secured another triumph for the cause of conservative surgery, but he was obliged, ultimately, thirteen days after admission, to have recourse to secondary amputation.

C. B——, aged 34 years, was admitted August 22d. He states that he was driving a coal van, when the hind wheel flew off, and threw him heels over head out of the driver's seat, right smash against the curbstone. After the reduction of the injury under chloroform, he was treated with beef-tea, eggs, liquor cinchona, etc., varied a little subsequently (Sept. 1) to wine and quinine. On September 4, the thirteenth day, it was found necessary to amputate. All that is known, perhaps, of excisions or resections of joints in cases anything like this one, corroborated very forcibly by the vast statistics of the military hospitals, is, that excision is not a milder operation than amputation, as a patient may advance towards death by excision, but then be saved by amputation. "Excision of the knee-joint," according to some very recent observations of Mr. Erichsen, "may be performed in some *selected* cases with advantage, but it can never become a general operation as a substitute for amputation of the thigh." An immensity, as Mr. Wormald remarked in his case, depends on the condition and age of the patient, in all these cases, as, a little before, he had a case where the astragalus was laid bare, yet it did well! Excision of the elbow might, perhaps, and ought to be practised in almost all the cases of chronic disease of that articulation, according to Mr. Erichsen, in preference to amputation. He has had eight or more cases, with only one death, and even that unfortunately from pyemia. All operations of the upper extremities form a category by themselves, which cannot be fairly compared with that of cases of the lower limbs. In two cases thus by Mr. Wormald, we find in one all the bones of the foot torn literally away from the astragalus, yet it did well; while in the present instance, not so severe, he was obliged to amputate. Some surgeons, relying on mere statistics, look upon it as a "jumbling" of cases together, when anything disturbs the "vanity of figures," but there is no intricacy or jumble now in the subject, but what can be readily removed by starting from fresh ground.

There is a case in St. Thomas's Hospital, I. Quinton, aged 36 years, of bad compound fracture of the left leg, where Mr. **South** had recourse to primary amputation by the circular operation below the knee; here the conservatism of a life has repaid the conservatism of nothing else, Mr. South agreeing with an old writer, that it is better to live with three limbs than die with four.

In a child, aged 5 years, S. C., under the care of Mr. **Curling**, at the London Hospital, admitted in May, and still under treatment, there was compound comminuted fracture of the femur, which was thought at the time to be a case for amputation at the hip, but as the friends, we believe, objected (though the recommendation was the very best could be given), Mr. Curling tried, with wonderful success, to save the limb. The child is quite cheerful up to the present (Sept. 10), and will in all probability have a useful limb. Nothing could have saved this case, perhaps, if it were knocked about in the bad hygienic and atmospheric conditions of the Crimea or Scutari.

In a case of compound fracture of tibia and fibula, under the care of Mr. **Solly**, in a heavy, rather unhealthy man, a labourer in Woolwich Arsenal, admitted into St. Thomas's Hospital, August 16, he has succeeded in saving the limb, at least up to the present date (Sept. 10).

In another instance or variety of injury, in the London Hospital at present, a woman, E. D., aged 42 years, treated by Mr. **Wordsworth**, there is fracture of the internal malleolus alone. The woman says she was going round a corner of a cross street, and slipped off the curbstone, at the same time thrusting out her leg, which was broken. These cases, though not the same as resections, are found to run parallel with resections, and to throw much light on the subject; showing, in fact, that almost every case differs from almost every other case; that resections of the knee have been all overrated as operations; that the conscientious surgeon will first, as Mr. **Skey** observes, think of the patient's life more, and of cutting and sawing less.—*Assoc. Med. Journ.*, Sept. 13, 1856.

Operation for the Radical Cure of Hernia On Saturday, October 11, Mr. **Holmes Coote** performed the operation for the radical cure of oblique inguinal hernia, at St. Bartholomew's Hospital, by the application of Professor Wutzer's interesting and apparently effectual apparatus, often described in recent communications to the journals, and a full account of which will be found in volume xxxvii. of the *Medico-Chirurgical Transactions.* Mr. Stretton, an old house-surgeon of St. Bartholomew's, has also recently applied it with good effect in another case; so that, from what has been recently experienced of its value and usefulness, it promises, though quite new, to be generally adopted in practice. The chief value, of course, of any means for the radical or effectual cure of hernia, will be found in the fact that the recurrence of hernia, and the dangers of hernia operations and strangulation, will be thus avoided, as well as the inconvenience and dissatisfaction of patients carrying such an unsightly tumour about with them.

The operation by Wutzer's apparatus is much more safe than that recommended by Gerdy: in the latter, there was too often gangrene of the scrotum and exposure of the testicle, with relapse, so that it has fallen into discredit; while, from what has been shown of Wutzer's plan by invagination, the worst that can occur is, apparently, to leave things as before.

The instrument consists first of a cylinder of very hard wood, about four inches long, which acts, in fact, like the index finger, after the latter has pushed a part of the scrotum back through the abdominal ring into the inguinal canal, like the inverted finger of a glove or double night-cap. Mr. Coote found no difficulty in thus pushing back the scrotum. The cylinder, towards its anterior extremity, becomes thinner, and contains a canal lined with metal, which conducts an elastic steel needle, flattened at the point, and furnished with a movable handle; a round opening near the point of the cylinder allows also this needle to pass through; so that, when Mr. Coote had introduced the cylinder, pressure upon the handle of the needle sent its point through the invaginated or inverted scrotum and coverings of the sac, and it appeared projecting through the integuments on the surface, something in the manner of a small hook. Another wooden body, not unlike a shoe-horn in shape, is now fixed on, to increase the pressure. This last piece of wood is concave, and is rather wider than the cylinder in the canal; one end receives the projecting point of the needle over the inguinal canal; the other is supported upon a movable metallic stage; near this is a screw, by means of which cover and cylinder can be pressed together, thus obviously compressing the walls of the inguinal canal and the integuments of the inverted scrotum. It is well to give a brisk purgative a day or two previous to using the apparatus. The cylinder is to be greased, and the handle detached after the plug is fitted on. Mr. Jones, of Jersey, has had a case where the cure was quite astonishing.

The instrument is applied after the hair has been shaved, and while the patient lies on the back, with the thighs flexed and raised. There is little or no pain, so Mr. Coote did not conceive it would be necessary to use chloroform, or any form of anæsthetic. Six days is sufficient to leave the apparatus applied. Mr. Spencer Wells, who has brought the instrument into notice, was present on the day of operation, and seems to take much interest in the success of the instrument. When removed, the cavity is filled with soft dry charpie. The puncture is dressed simply, and the whole supported by a common bandage, or a graduated compress, as recommended by Mr. Spencer Wells, may be tried.

A suspensory bandage or light truss should be used for three months after the application of Wutzer's apparatus, so as to insure a complete cure and occlusion of the inguinal ring. Very little else is necessary.

In fifty-seven cases by Wutzer, there was no death or dangerous symptom; while the testimony of many other surgeons in favour of the apparatus, has been equally encouraging.

The case requires to be watched for at least a week, so that any signs of peritonitis, should they unfortunately occur, may be at once met by active remedies. It seems the opinion of the surgeons at St. Bartholomew's, that, if the operation were really one of *convenance*, as the French term it, it would be scarcely worth such a great risk; but, as Wutzer's apparatus obviates the danger of recurring strangulations in old herniæ, by effecting a cure of hernia, it rises to a very superior rank in the scale of remedies.

The speculations and discussions of a clinical nature to which Wutzer's apparatus has given occasion during the week, are of so practical a nature, and inguinal hernia so frequently met, that we may state that, as the result of an examination of the tables of the London Truss Society, it seems, according to Mr. Bryant, that, in 84,478 cases of inguinal and femoral hernia, no less than 88 per cent. were inguinal, and only 11 per cent. femoral. In a vast number of the former, the remedy by Wutzer's apparatus would prove of inestimable benefit, as securing the patients from the dangers of cutting operations. Again, in 281 cases of hernia operated on, 105 were inguinal, and 176 femoral, so that here the proclivity to disorder is inverted, and femoral hernia required operation more frequently than inguinal. The latter, however, as so seriously involving the peritoneum, is more fatal than the former by 16 per cent. This fact also is pregnant with meaning, and, if possible, gives a double value to the operation as performed by Mr. Coote.

There is a necessity for operating *earlier* in femoral than in inguinal hernia. From what is seen, also, every year in Guy's, St. Bartholomew's, St. Thomas's, etc., it is too plain that chloroform is not of much use in femoral hernia; the unyielding nature of the crural ring, joined to the sharpness of the edge of Gimbernat's ligament, as dwelt on occasionally with much force by Mr. Stanley, at Bartholomew's, are doubtless the cause of the increased strangulation of the intestine in femoral hernia; and, as these ligamentous tissues are not influenced by the relaxing effect of chloroform, an additional and too often fatal obstacle (especially in feeble old women, where this variety of hernia is most common)—an obstacle not always remembered—is offered to the efforts of the surgeon in performing the taxis.

Oct. 16. The operation has been now done five days. The cure is nearly perfected.—*Assoc. Med. Journ.*, Oct. 18, 1856.

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Notes made during a recent Visit to some of the Hospitals of Paris.—La Pitié.—I found M. Maisonneuve injecting iodine into a large deep seated *acute abscess of the thigh*, apparently connected with the knee-joint, and consequent, I was informed, on an operation for the division of stricture performed by him some days ago. The man had been out of health at the time of the operation, and appeared to me to be in a very precarious state. The canula was left in the wound to afford a vent for the iodine and the pus.

His mode of operating on *strictures* is peculiar. He kindly explained the whole process to me, and showed me his instruments. He commences with very small elastic bougies, which taper towards the end so as to be scarcely larger than a thread. One of these he contrives to pass through the stricture, however tight it may be. I was told that he shows great dexterity in this procedure, seldom failing to overcome the difficulty in a short time. He has these delicate bougies of many sizes, and to the end of the handle of each a delicate silver worm is attached. When he is conscious that the bougie has entered the stricture, he screws on to the handle of it a delicate silver tube with a slit along the convex side of the tube. The bougie is now carried on before the silver tube into the bladder, and the tube, following the bougie, enters and passes through the stricture. He next carries along the tube an iron wire with a delicate lancet-shaped blade appended to it, which projects through the slit just mentioned. This being carried down the urethra along the tube, does not touch the healthy part of the urethra, owing to its size; but when it reaches the stricture, an impediment is felt; and if it be pushed on, it incises the edge of the stricture. This may be repeated two or three times, if necessary. The silver tube, with its wire and cutting blade, is now withdrawn, dragging the bougie after it. The incision of the stricture has made way for a larger bougie, which is accordingly introduced. Upon the handle of it is screwed, in the same manner as the silver tube upon the first bougie, an instrument resembling the "bistourie caché" of Dupuytren; but cutting in a part only of the length of the blade. This is made to follow the bougie through the urethra; and by it a free division of the stricture is made. A full sized elastic catheter is now introduced and left in the bladder. Two patients, on whom he had operated the day before, were doing well. He withdrew the catheter in each instance, and left it out. The several stages of the process appeared to me to require too much delicacy of manipulation to come into general use. Though it may succeed in the dexterous hands of M. Maisonneuve, I fear it would fail in most others. He told me that in some cases of complete retention and impassable stricture, he had punctured the bladder above the pubes, and, through the aperture there made, had passed a catheter or bougie by the bladder from behind forwards through the urethra to the stricture. Then cutting down upon it and dividing the stricture, he had succeeded in introducing a full sized catheter by the natural route into the bladder. Other surgeons, he said, had upon his recommendation, adopted the same practice with success. He informed me that he had practised Syme's operation, but did not like it, preferring the incision from within by the bistoury passed through the stricture in the manner I have described.

To remove *cancerous or cancroid affections of the face*, which are not within easy reach of the knife, he employs long, pointed, slightly curved sticks of caustic, made of chloride of zinc and paste moulded into the required shape, and then baked so as to be quite dry and hard. He first makes punctures with a bistoury, extending from the circumference of the cancer to beneath its centre, and, inserting the sticks of caustic into them, leaves them. The sticks being nearly as large as a cedar pencil, and placed pretty close to one another, cause the whole diseased stricture and some of the adjacent healthy tissue to slough out as one black mass, leaving a healthy granulating surface behind. I saw one case in which nearly the whole superior maxillary bone, and another in which a considerable part of the external wall of the orbit had been cleared away by this means. Both appeared to be doing well. This is evidently a most effective mode of applying caustic in such cases, and one which enables the escharotic to act at a much greater depth than any other plan that I have seen employed.

M. Maisonneuve next showed me a case in which an *operation for vesico-vaginal fistula* had been completely successful. The patient was a middle-aged woman. The opening between the bladder and vagina had been large, and the case so unfavourable that M. Jobert, at the Hôtel Dieu, had declined to operate. M. Maisonneuve began by dissecting the bladder from the fore part of the uterus, then pared the edges of the fistula freely, and finally approximated them with several points of simple interrupted suture. The wound had healed completely, and the bladder held nearly half a pint of water, which I saw him inject into it from the urethra.

LARIBOISIÈRE.—This magnificent model hospital has been built within the last ten years, at the enormous cost of £850,000; the chapel alone, not yet completed, costing £16,000. It contains rather more than six hundred beds. It is well situated on high ground near the Northern Railway terminus; incloses a square garden of considerable size; and the several wards run out from the terraces that surround that garden, so that each forms almost a detached building, and is exposed to the air along its two sides and its end. Nevertheless, a complicated, highly expensive, and, I should have thought, almost unnecessary system of ventilation is employed. The air, conveyed to the lower part of the building from a height through a tubular tower, is, by means of fans worked by steam engine, driven, through tubes which permeate the building, into the wards, whence it escapes through apertures in the wall communicating with tubes that run up, chimney-like, to the roof. Thus a continual current is maintained in the wards. In cold weather, the supplied air is warmed by passing over tubes containg hot water. The windows were all shut, and the wards struck me as being rather close. I confess that I doubted whether much was gained by this substitution of an expensive and complicated artificial system of ventilation for the simple, natural, and more direct one by windows and doors.

M. Chassaignac was delighted when I told him that I had used his *écraseur;* that it had been employed by Mr. Terry, of Northampton, and other English surgeons. He remarked that it seemed to be more known, and to have gained more favour in England than in France. He employs it for the removal of the breast, having previously isolated the part by the knife, and in various other cases, more particularly in hemorrhoidal tumours, of which he has removed a hundred with only one fatal result. The unfortunate termination in that case was attributed to the patient's health being indifferent and the bowels loaded before the operation. Hemorrhage rarely occurs. It had happened to a considerable amount in a patient recently operated on, but ceased spontaneously, and the man was doing well. He introduces into the rectum a tubular instrument, from the extremity of which, when it has reached the proper height, a quantity of small hooks are projected, umbrella-fashion. By this the mucous membrane is drawn down and held. He sometimes finds it necessary to surround the base of the hemorrhoid with a ligature, so as to form a pedicle upon which the chain of the *écraseur* may be applied. He showed me a testicle affected with malignant disease, which he proposed to remove by the same instrument. I learnt at M. Charrière's and M. Lüer's, the celebrated instrument makers in the Rue de l'Ecole de Médecine, that a difficulty had occasionally been experienced in completing the division of the part to be removed when it was of large size or was surrounded by thick skin. To obviate this difficulty, and to give greater power to the operator, they have devised ingenious modifications of the *écraseur;* with what result it remains to be proved.

M. Chassaignac employs the plan of *cold water dropping* a good deal in the treatment of inflammatory affections. The apparatus is very simple. A can, holding about two quarts, with a small tap by which the size of the stream can be regulated, is suspended at the requisite height above the part to be watered. A man with chronic conjunctivitis, placed his face about a foot beneath the tap and turned a small stream upon his eyes separating occasionally the eyelids so as to expose the inflamed part more fully, and subjecting the eyes to it alternately. He said he had derived much benefit from the treatment.

Nitrate of silver is a very favourite remedy, M. Chassaignac sponging most of the wounds with the solution and dropping some into most of the inflamed eyes, rubbing the eyelids with his fingers so as to secure the contact of the solution with all parts of the conjunctiva, and singularly regardless of its contact with himself.

For *long sinuses or extensive abscesses*, he institutes drains by means of India rubber tubes, perforated at various parts of their length so as to facilitate the flow of discharge along them. These tubes are carried through the abscess in various directions, and appeared to answer the purpose well.

Small abscesses he opens with a scarificator, which does its work very expeditiously; and, making two, four, or more openings, gives free vent to the discharge.—*Assoc. Med. Journal*, Oct. 4, 1856.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

State Medical Society of Mississippi.—An effort is about being made to organize a State Medical Society in Mississippi. The medical practitioners of the State are invited to meet, for that purpose, at Jackson, on the 13th of December next.

Health of Cincinnati.—The *Cincinnati Medical Observer* (Oct. 1856), represents the health of Cincinnati to have been unusually good during the past summer, and up to the present time. In 1855, the mortality for the months of June, July, and August, was 1500, while that of the same months in 1856, was only 909. It is believed that no cases of malignant cholera have occurred during the present season.

Health of New Orleans.—It is stated in the New Orleans *Medical News and Hospital Gazette* (Nov. 1856), that the city of New Orleans is in the enjoyment of excellent health. The mortality for the *five* weeks ending October 26th, is but seventy more than for the *four* previous weeks. Yellow fever has disappeared, there having been but one death from it for the week ending November 2d.

Medical Classes in Philadelphia.—We are informed that the Medical Classes in all the schools during the present session are unusually large.

Army Medical Staff.—A "general order" issued from the adjutant-general's office, Sept. 1st, 1856, announcing the promotions and appointments in the army, since Nov. 10th, 1855, contains the following information respecting the medical officers: *Promotions.*—Ass't Surgeon, William J. Sloan to be surgeon, Dec. 20th, 1855, vice Stinnecke, deceased; Ass't Surgeon, William S. King to be surgeon, Aug. 29th, 1856; Ass't Surgeon, David C. De Leon, to be surgeon, Aug. 29th, 1856.—*Appointments.*—John F. Randolph, of Louisiana, to be assistant surgeon, vice Sloan, promoted, to date from Dec. 24th, 1855; James C. Herndon, of Virginia, to be assistant surgeon, vice Simons, dismissed, to date from Feb. 22d, 1856; George Taylor, of Maryland, to be assistant surgeon, vice Southgate, resigned, to date from April 1st, 1856; John G. Gaenslen, of Virginia, to be assistant surgeon, vice Steiner, dropped, to date from May 16th, 1856; George Hammond, of Maryland, to be assistant surgeon, vice Sorrel, resigned, to date from June 28th, 1856; William J. L'Engle, of South Carolina, to be assistant surgeon, Aug. 28th, 1856; B. J. D. Irvin, of New York, to be assistant surgeon, Aug. 28th, 1856; Anthony Heger, of Pennsylvania, to be assistant surgeon, Aug. 29th, 1856; Asa Wall, of Virginia, to be assistant surgeon, Aug. 29th, 1856; Charles Brewer, of Maryland, to be assistant surgeon, Aug. 29th, 1856; William H. Babcock, of New York, Edward N. Covey, of Maryland, Richard D. Lynde, of Maryland, Robert Orr Craig, of New York, each to be assistant surgeon, dating Aug. 29th, 1856.—*Resignations.*—Ass't Surgeon, Francis Sorrel, June 27th, 1856; Ass't Surgeon, Robert Southgate, March 31st, 1856.—*Deaths.*—Surgeon Henry A. Stinnecke, at Baltimore, Maryland, Dec. 20th, 1855.—*Dropped.*—Assistant Surgeon, Josephus M. Steiner, May 9th, 1856.—*Dismissed.*—Assistant Surgeon, James Simons, Jan. 16th, 1856.

Women admitted to the Obstetrical Ward of the Blockley Almshouse, Philadelphia.—From the first of July, 1855, to the first of July, 1856, there were sent to the Obstetrical Ward of the Blockley Almshouse, by one member of the Board of Guardians of the Poor, two hundred and fifty-seven women. Of these there were born in Ireland, 140; Germany, 56; Scotland, 5; America, 47; England, 6; Wales, 2; Italy, 1.

FOREIGN INTELLIGENCE.

Death from Chloroform.—Another death from the inhalation of chloroform, recently occurred at St. Thomas's Hospital. The patient, John Gibbing, aged thirty-six, sailor, a stout, middle-sized man, was to be operated on for necrosis of the phalanges of one of his fingers. He was very anxious to have the operation performed under chloroform, which was, there being no obvious contraindication, administered. One drachm of chloroform was poured upon a sponge folded up in lint, and this was held over his mouth and nose, so as to allow of free inhalation of the atmosphere together with the vapour. After about twenty inspirations he began to spit into the lint, and retch. The chloroform was removed, and he was shortly—perhaps scarcely a minute—after seized with convulsions, necessitating his being held by three or four men. This having lasted some thirty seconds, his face became blanched, and he gasped for breath. He was placed in a horizontal position, the tongue held forward by forceps, and artificial respiration commenced; air could be heard entering the lung at each inspiration. Under this treatment, together with the application of ammonia to the nostrils, he rallied for a few seconds, so as to be able to breathe naturally. Again he ceased to breathe. Artificial respiration was recommenced; the galvanic current was passed from the nape of the neck to the region of the heart; oxygen was injected into the chest; but in vain. His heart acted no more, and he was dead. The remedial measures mentioned were continued for nearly half an hour after he had given any signs of life.

Post-mortem Appearance.—Fatty degeneration of the heart in an early stage. Fatty liver. Slight anemia of the brain. No valvular disease of the heart.

The death occurred on the 14th instant. On the Saturday previous he went to the hospital as an out-patient, and had his finger incised, to relieve the great tension of the part, and a *considerable quantity of blood was lost.* He had suffered from delirium tremens three times, the last time being three weeks before applying to the hospital. He had been in the habit of drinking a pint and a half of rum daily for nine years, according to the account of parties who had known him for a length of time.—*Lancet*, Oct. 25, 1856.

—

Large Inguinal Aneurism; Ligature of the External Iliac.—Amongst the striking cases in Guy's Hospital, is a patient admitted on September 15, with large femoral or inguinal aneurism, under the care of Mr. Hilton. This case underwent the formidable operation of deligation of the external iliac artery on Monday last (Sept. 22). It will be interesting to notice in this instance when the ligature shall have come away, for comparison with the recent successful case under Dr. Brookes of Cheltenham (*Journal*, Sept. 20). The case is that of Thomas D., aged 51, apparently a strong stout man, accustomed to hard labour, during which, he thinks, about three months ago, in some accidental manner, he gave himself a strain, and afterwards felt the present tumour in his left groin. It has increased till it has attained the size of a large egg. On his admission to hospital, the nature of the tumour was at once recognized. Mr. Hilton first tried ice, and the following draught every six hours:—

℞. Tincturæ digitalis ♏x; tincturæ belladonnæ ♏v; misturæ camphoræ ℥j.—M.

September 22. As the danger of delay is becoming every day more obvious, Mr. Hilton decided to-day to ligature the external iliac. The aneurismal sac was found to press against Poupart's ligament, and, in fact, to overlap the external iliac.

24*th.* The patient is going on very well; he has a dose of opium at night. He has discontinued the digitalis since the operation; and Mr. Hilton now recommends generous diet. The operation was beautifully done, and has quite commanded the circulation. We shall take another opportunity of stating the result of the case. The statistics of this operation are now well established.

—

Ligature of the External Iliac Artery.—Last week, at King's College Hospital, Mr Fergusson tied the external iliac artery, before an assemblage of about 300 persons, for an aneurism of the common femoral in a young man. The patient, we learn, is going on very well.—*Lancet*, Oct. 18, 1856.

Disarticulation of the Hip-Joint.—On Saturday last, Mr. Hancock removed the leg at the hip-joint, in a case of very extensive disease of the thigh, extending up to the hip-joint itself, in a young man from the country. The patient, under the influence of chloroform, bore the shock of the operation very well, and at the present moment is going on as favourably as can be desired, free suppuration having become established, and the strength continuing pretty good. This makes the second operation of the kind within the last seven months, Mr. Curling having disarticulated the hip-joint of a woman on the 11th of March last, for a large malignant tumour of the thigh. The patient recovered, and has enjoyed perfect health to the present hour.—*Ibid.*, Oct. 25.

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New Operation in Surgery—Disarticulation of the Scapula.—The entire scapula, with its processes and glenoid cavity, were removed, in the Royal Infirmary of Edinburgh, on the 1st instant, by Mr. Syme, on account of a cystic-sarcomatous tumour. The patient, an elderly female, is doing well, and the arm promises to be wonderfully little diminished in usefulness through the absence of the shoulder-blade.—*Ibid.*, Oct. 11, 1855.

—

Operation on a Large Cicatrix from Burn.—Mr. Hilton has a very instructive and successful case of operation also, for the cicatrix of a burn, in one of his wards in Guy's Hospital. The patient, G. B., aged 6½, a fine boy, was admitted so long ago as June 18, with his arm firmly tied to his side by a large and indurated cicatrix. The axilla was obliterated, and the case altogether as hopeless as one might expect to see in several years of hospital practice. The operation consisted of a free *débridement* of all the parts, during which the teres major and minor, and serratus magnus on the lateral aspect, with the pectoralis in front, were all laid bare. A thickish cord was next placed like a figure of 8; one loop round the neck, like a necklace; the second loop against the edge of the axilla. The arm also was kept separated by a sort of crutch attached to the pelvis. The case is now one of the most perfect cures of this nature ever seen at Guy's. The cord was constantly wetted with a solution of nitrate of silver.

Enlarged Bursa of the Knee Injected with Iodine.—There is a very practical case at present under the care of Mr. Paget, a case of enlarged bursa of the knee, treated by injecting tincture of iodine into the bursal cavity. The lad is aged 18, and was admitted a month since (August 26). Mr. Paget believes the iodine a better plan of treatment than issue, or anything more formidable. The swelling, which existed for seven months, has now disappeared.—*Assoc. Med. Journ.*, Sept. 27, 1856.

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Caustic for Cancer.—A new remedy for cancer, in the shape of a caustic composed of three parts of sulphate of lime, one of chloride of zinc, and one of chloride of antimony, is beginning to be very much used.

—

Turning in Cases of Narrow Pelvis.—The operation of turning instead of craniotomy, in cases where labour is obstructed by narrowness of the pelvis, has, as is generally known, been strongly advocated by Professor Simpson, of Edinburgh. Dr. Dubreuilh, supporting in the main the views of the Edinburgh obstetrician, relates two cases which came under his care. In one, the patient was in her third pregnancy; and turning was performed with success. In the second the patient was a *primipara*. Turning was performed, but the head would not pass, and it was necessary to complete delivery by craniotomy. Both cases did well; Dr. Dubreuilh arrives at the following conclusions: 1. Turning ought to be much more frequently practised in cases of narrow pelvis. 2. It is preferable to the forceps, when there is a disproportion between the size of the fœtal head and the chambers of the pelvis. 3. It may be practised at any period of labour, and is therefore less likely to injure the mother or the child. The temporary pressure necessary is much less hurtful to the infant than the prolonged pressure of the forceps. 4. If, after the extraction of the body, the head remains in the inlet of the pelvis, because it has not been possible to estimate its relative size, recourse might be had to craniotomy.—*Assoc. Med. Journ.*, Oct. 4, from *L'Union Médicale de la Gironde*, Feb. 1856.

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Obstetric Forceps with Joined Blades.—M. Camille Bernard, some months ago, read to the Academy of Medicine a memoir on the use of forceps in which the blades are joined (*forceps assemblé*). He has used an instrument of this kind for twenty years, notwithstanding that he frequently met with the obstacles which are said to oppose the introduction of the two blades together—such as narrowness of the vulva, pressure of the head into the hollow, face presentation, and narrow pelvis. If the vulva is dilated by the fingers, and the perineum depressed, the two blades are easily introduced. The introduction of the forceps is most simple and readily performed, and has never been productive of harm to mother or child. In difficult cases, M. Bernard has been able to operate without assistance, and sometimes even without the knowledge of the patient. When the instrument is introduced into the pelvis, the blades are separated by the hand which remains outside, and which readily appreciates the amount of resistance; the other hand guides the instrument and protects the maternal structures. In many cases, M. Bernard has been able to complete delivery when the ordinary forceps had been used unsuccessfully.—*Assoc. Med. Journ.*, from *Journ. de Méd. et de Chirurgie prat.*, May, 1856.

—

Respiration and Crying of a Child within the Unbroken Membranes.—Dr. Huter, of Morburg, has published a case of twin births, where the first ovum was expelled intact with the placenta. The child was noticed to breathe distinctly within the sac, and it soon cried when the membranes were a little pinched. The latter swelled up, and Dr. Huter, after hearing five or six sobs, tore the membranes. The second child presented with the vertex and the right hand; it looked dead when born, but finally breathed and cried. They were both of the male sex, and very small. In spite of the warm bath, the first child died four hours, and the second five hours, after birth.—*Lancet*, Oct. 25.

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Can the Secretion of the Grease or Sore-Heels of the Horse be Inoculated to Man?—Jenner thought that the pock affecting the teats of cows, was the result of inoculation from persons who, previous to milking them, had been in contact with horses suffering from the grease. Attempts to inoculate the latter affection to man failed; but the same poison (as it was supposed) taken from the contaminated cows showed, in the shape of vaccine matter (as is well known), a peculiar fitness to be implanted upon the human organism. The grease was thus considered as primarily non-transmissible to man, though examples of such transmission, and consequent development of vaccine pustules, had from time to time been recorded: one by Sasko, a second by M. Letenneur, and a third, quite lately, by M. Rigodin.

The question seems now to have been almost solved by Messrs. MANOURY and PICHOT, of Chartres, in France. As in the case before alluded to, it is a shoeing smith who took the disease from a horse affected with grease. He applied to M. Pichot, who took the lymph from the pustules (bearing the closest resemblance to the sores resulting from the inoculation of vaccine matter), and sent some of it to M. Manoury, of Chartres, and to the Academy of Medicine of Paris. M. Manoury succeeded in propagating the lymph to some children, inoculating successively from the pustules obtained. At the Academy, the lymph taken from the smith failed, but that subsequently sent by M. Manoury, and obtained from the second transmission upon the children inoculated by him, succeeded perfectly; and thirteen pustules distributed amongst three children, all gave characteristic vaccine pustules. These experiments are certainly not entirely conclusive, but the facts connected with them should not be overlooked, as they may lead to further investigations which possibly may throw some light on this obscure question.—*Lancet*, Oct. 11, 1856.

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Cholera.—The South American Company's steamship *Imperador* has just brought the intelligence that St. Vincent's Island, one of the Cape de Verd group, has suffered terribly from cholera. Out of a population of 1,200, 800 had died, principally males. The bodies of the dead had to be burnt in the public square, for want of means to inter them. The *Imperador* was coaled by women. In the progress of the cholera in the Punjaub and the Valley of the Ganges—where, from May to August in this year, it is computed to have killed 90,000 persons—women are stated to have had a similar immunity from its attacks, especially European females. Reports from the cantonment of Mean Mear, containing the largest, best ventilated, and best drained artillery barracks in India, state that one-third of the European artillery there perished in a fortnight.—*Lancet*, Nov. 8, 1856.

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OBITUARY RECORD.—Died, on the 24th of Sept. last, at his chateau de Flotin, from an attack of apoplexy, Dr. C. B. CAYOL, one of the most eminent physicians of Paris, in the 70th year of his age. M. CAYOL was for a long time the principal editor of the *Revue Médicale*, and was a large contributor to the literature of medicine, and an ardent champion of the Hippocratic doctrine.

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THE

MEDICAL NEWS.

MDCCCLVII.

VOL. XV.

PHILADELPHIA:
BLANCHARD AND LEA.
1857.

PHILADELPHIA:
COLLINS, PRINTER.

THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

HOSPITAL GLEANINGS.

New Mode of Operating in Resection of the Elbow; Views of Continental Surgeons on Resections in General, &c.—A very interesting case is now in St. Bartholomew's Hospital, under the joint care of Mr. Lloyd and Mr. Paget. Previously to the operation, it was very instructive to find what the experience of the continental hospitals has been as regards this particular subject. One of Mr. Paget's colleagues, who joined in the consultation on the case, had just returned from Paris and Vienna, where he had made inquiries on the success or failure attending on resections; while another very eminent surgeon from Berlin happened also to be visiting the hospital, and suggested a very obvious and novel improvement—a mode of operation now followed at Berlin in a very great number of cases, and which, as recommended by M. Langenbeck, was adopted by Mr. Paget.

It may be of practical importance here to state, that resections of the knee-joint, as a rule, are not practised in France and Germany. The doubts and dangers attending this mode of procedure are found in practice so great, that continental surgeons prefer amputation. It is to be noted, however, from the result of cases in the practice of Mr. Erichsen, Mr. Birkett Mr. Holt, Mr. Fergusson, Mr. Coulson, and Mr. Solly, of London, Mr. Jones, of Jersey, Mr. Syme, of Edinburgh, Mr. Butcher, of Dublin, etc., that resections of the knee succeed best in children up to 10 or 12; but that, in patients of double that age, where the body has done growing, with the inferior sanitary and hygienic conditions of our London hospitals, the risks are proportionably increased, and we cannot calculate with great certainty on securing anything better than a short and not very serviceable extremity.

Our continental neighbours say we are too fond of cutting and display in operations on the knee and elbow; and that, in the latter operations, the orthodox H incision ought never to be the one chosen. We make a

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wound, they say, of almost interminable tediousness in healing; we destroy the ulnar nerve, and we unnecessarily expose the sawed ends of the bones, thus setting up osteo-myelitis. Mr. Paget accordingly adopted a new incision in the present case, neither the old H or F incision, but one well worth seeing, and only to be understood by observing the nature of the case itself—one of the most extensively diseased elbows that has ever been in St. Bartholomew's Hospital. Previously to the operation, the elbow was twice its natural size; the head of the radius, with its orbicular ligament, the neck, and almost the tuberosity, could be seen and felt pushed through the diseased mass. A probe passed down discovered all the usual signs of extensive disease. The synovial membrane and ligaments were entirely destroyed. The operation was performed on the 27th ult., by the one small incision recommended by M. Langenbeck; and the following is a short abstract of the case.

J. B., aged 23, a somewhat delicate looking man, was admitted into St. Bartholomew's Hospital, under the care of Mr. Lloyd, some time in April of the present year, complaining of disease of his left elbow-joint, with extensive suppuration, the result of an injury sustained by a severe fall just four months previous to his admission, and about ten months before Mr. Paget performed the operation. On his admission, the head of the radius and the surface of the external condyle were completely bare; yet it was hoped that, by rest in hospital and mild tonic and sedative treatment, the disease might be subdued. Mr. Lloyd accordingly ordered, for some weeks, mild poppy fomentation to be applied to the parts externally, and quinine with generous diet to be given internally.

May 14. He was ordered to go on with the poppy fomentations, and to continue his quinine. The rest in hospital seems to be doing much good.

26*th.* He is not making much way; his stomach has been sick, and he was ordered the effervescing draught. As a rule, he has been fed on the most nutritious food, with wine and porter, according to the state of his digestion, and to the more or less of feverishness which has appeared during the progress of the case.

In September, excision seemed to be the only chance. A case of Mr. Stanley's—of excision of the knee, which was amputated—did not seem to hold out much prospect of even resection succeeding, if not done before the man sank much lower. Accordingly, last month, Mr. Lloyd and Mr. Paget agreed to the operation of resection. Two very remarkable and successful cases of resection of the wrist-joint, under the care of Mr. Stanley, have engendered a sort of *nil desperandum* philosophy in these cases in St. Bartholomew's; and though, a few years ago, amputation would have been resorted to, Mr. Paget determined to try the conservative plan by resection. It may be remarked, also, that there is now little or no discussion in hospitals as to the propriety of resections on the upper extremity, as originally held and initiated by Crampton and Syme; while, in resections of the knee, we are still very far from the truth. Mr. Paget, after the man was placed under chloroform, made one small simple incision, hoping that thereby the other openings in the parts in a state of ulceration would heal. The ends of the bones were next displaced and sawn off in the manner recently suggested by Mr. Syme. Very little exposure of the parts was necessary. The ulnar nerve was probably untouched, and the ordinary bent splint was dispensed with.

Oct. 8. The case is going on well.—*Association Med. Journ.*, October 11, 1856.

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Marked Case of Axillary Aneurism; Operation of Ligature of the Subclavian Artery; Pleuritic Symptoms; Death.—In a case of axillary aneurism, as a last but doubtful remedy, Mr. STANLEY proceeded, on the 2d inst., to place a ligature on the subclavian at the right side, which was effected, not without considerable anxiety and trouble, in the third part of its course, close upon the aneurismal swelling, and of course immediately beyond the scaleni muscles, almost on the border of the first rib. The relations of the subclavian in this locality, as remarked at the operation by Mr. Stanley, are very complex and delicate, as above he found the brachial plexus with which he had to contend, in front the subclavian vein, and below the first rib and aneurismal sac. It will be remembered that the scalenus anticus also, one of the landmarks, is inserted into the tubercle upon the inner border of the first rib, where we find, as has been just said, the subclavian vein, as well as the phrenic nerve. The operation between the scaleni seems less troublesome; yet, with the kind assistance of Mr. Holden, Mr. Paget, and other good anatomists, the ligature was ably secured. We regret to add that the patient, after a few days, sank, when there was found considerable disease of the arch of the aorta, an incipient aneurism of the opposite axillary artery, with considerable pleuritic effusion into the chest, and a tendency, more or less general, to disease of other vital organs.—*Assoc. Med. Journ.*, Aug. 16, 1856.

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Singular Case of Foreign Body in the Bladder.—Mr. Cock, at Guy's, has recently had more than one ordinary case of lithotomy under his care; and Mr. Callaway recently was called to a very singular case. A boy, somewhat silly in his manner, was admitted, presenting the ludicrous condition of having a common shoehorn, tied to a piece of whipcord, hanging from his urethra! The boy had been pulling at the cord, reminding one in some way of a celebrated lexicographer's definition of a fishing rod; but something which he could not or would not describe was at the opposite end, fixed in the bladder. The boy, it is believed, had been reading some bad books, and had made a long cylinder of the substance known to tailors as French chalk, which he had been pushing into the urethra, till probably, at the triangular ligament, it was drawn by the perineal muscles into the bladder. Be this as it may, Mr. Callaway had to cut down in lithotomy form, and then extracted a mass of French chalk, not unlike the little finger of one's hand. We mention the case as one of the varieties or "vagaries" of hospital surgery.—*Ibid.*

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Formidable Operation on the Jaw.—Mr. Mackmurdo performed a very fearful operation at St. Thomas's Hospital, on the 9th inst. We say tremendous or fearful, as there is really no other word to explain or express the formidable proceeding of cutting out a huge tumour, the size of a cocoa-nut, from the upper jaw; this tumour having its deeper attachments close upon the styloid process and internal carotid in the petrous bone, covered or mixed up also with the pterygoid muscles, and engaging externally the zygoma, and all the side of the jaw and face. The nature of the tumour itself, as to its malignancy or recurrent character, unfortunately did not seem to afford much room for speculation or doubt; while its deep attachments were not ascertained till Mr. Mackmurdo got on the carotid, and had isolated the growth from the mass of surrounding textures. The opinion, however, seems gaining ground, that these growths usually have their origin at the base of the cranium, more especially about the basilar process of the occipital bone or its vicinity.

A practical classification of these growths from the upper jaw has been made, and is observed at St. Bartholomew's, and some other hospitals. First, epulis, so familiar to the surgeon; then cystic tumours, with the walls of the bone expanded on or into a sac, with more or less of solid growth; thirdly, cartilaginous or osseous tumours, growing on the outside of the upper maxilla, this thickening often very dense and hard; fourthly, fibrous tumours, with cavities containing pus, or a glairy fluid like glue, or even actual blood. The tumour in the present case of Mr. Mackmurdo's was thought to be of this nature, if not bordering on the fifth and final division, namely, malignant or medullary tumours, consisting of various round, lobed, or nodulated masses, with a smooth membranous covering, or with a rough fungous or ulcerated shreddy surface, invested by a thick capsule, by a dense periosteum, or by partial thin laminæ of bone, sometimes commencing primarily in the neighbouring glands, and extending to the jaws secondarily.

In this instance, Mr. Mackmurdo first considered that the tumour had commenced in the "socia parotidis." The early history of the case did not throw the least light on the subject. Ice and various other therapeutic means had been tried in vain to reduce its size. Mr. Mackmurdo, we believe, was not very sanguine as to any permanent benefit from the operative proceeding; yet, as the young man and his friends wished to have the tumour removed, he complied with their desires. The case, indeed, is only interesting or instructive, as a sort of commentary on the fact, which almost every week turns up, that a patient wishes to have something done, though the surgeon cannot promise a cure. The operation was performed, as is usual in operations about the mouth, without chloroform; the patient seeming to suffer very little from the various incisions, as if the tumour was not very highly organized, or, as it struck us at the time, that the fifth and seventh nerves were completely paralyzed, from the growth pressing on these nerves, and invading all the parts about the locality where the fifth leaves the carserian ganglion, and the seventh dips into the parotid. Mr. Mackmurdo commenced the operation by a long incision from the angle of the mouth at the left side, carried back towards the ear; the dissection of the tumour from the cheek was then skilfully accomplished, when a large growth, now reduced to the size of an orange, filled up all the maxillary space, the bones in some places being absorbed. Several large vessels, the facial, the internal maxillary, etc., here bled profusely, requiring ligatures; and a large quantity of fluid poured from a cyst, apparently, which had been cut into. It appeared well that chloroform had not been used, as the young man, at this stage of the operation, appeared quite faint, and was fed with wine. Mr. Mackmurdo meanwhile separated more of the tumour by means of his fingers and the handle of the knife; but, as we have already said, when he had reached the deep layers of the cervical fascia forming the stylo-maxillary ligament, the pterygoid muscles, and internal carotid, it was thought prudent to separate the tumour, and bring together the parts. We believe that ice as a local anæsthetic might be used with advantage, in such cases as this, for the first incisions; but chloroform would be most hazardous, if not fatal.—*Ibid.*

LECTURE.

Lecture on Puerperal Fever. By W. Tyler Smith, Accoucheur to St. Mary's Hospital, and Lecturer on Midwifery, &c.

About three thousand mothers die in childbed, annually, in England and Wales. This is an average of nearly eight deaths every day from this cause. The proportion of maternal deaths to the births, registered in several years, was found to be 1 in 171. This mortality, it must be remembered, occurs for the most part to women in the prime of life, and previously in the enjoyment of full and vigorous health. Amongst the causes of death during the puerperal period, the disease we are now considering is, of all others, the most important and fatal. The fatality from childbed fever is, however, in the present day, moderate, when compared with the epidemics of former times, in which, of those attacked, positively none recovered; but though it is still little amenable to treatment, when it exists, there is reason to hope that preventive medicine may hereafter almost, if not entirely, eradicate this formidable disease.

The histories of puerperal epidemics and outbreaks show great diversity in the symptoms and progress of the disorder at different times. This disease evidently varies with the constitution of disease at the time it prevails, being at one time intensely inflammatory, at another time putrid, in its form. In some seasons and places the liver, in others the peritoneum, in others the uterus, in others the intestinal canal, have been attacked; and in some of the worst examples, pathology has found no other change after death than fluidity and altered colour of the blood. It may be said, in fact, upon a review of the numerous descriptions of puerperal fever, that there is hardly a form of fever or inflammatory disease which it has not, to some extent, resembled in character. The great diversities witnessed in this disease have led modern observers to assert that under the term "puerperal fever" many different and separate diseases had been described, such as phlebitis, peritonitis, hysteritis, enteritis, typhus fever, remittent fever, erysipelas, toxæmia, and other forms of disease. The tendency has been, in modern times, to dwell upon the special manifestation of the diseases, and to consider that all the various phases of the disease depend on some local disorder, or upon some specific combination of morbid phenomena. One after another, various morbid conditions have been thought to form the chief part of the disease. At the present day, the doctrine of uterine phlebitis may be said to hold this kind of pre-eminence, and there is a general tendency to consider that all the local and constitutional symptoms and pathological changes arise from this source.

The more puerperal fever is investigated and tracked, as it were, to its elements or origin, the less satisfactory does any partial or local explanation of its nature become. In the progress of such examination, it appears more and more evident that there is a puerperal poison to which the lying-in woman is liable, and which produces all the varied phenomena of puerperal fever met with in different epidemics, localities, seasons, and constitutions. In one time or person, peritonitis is produced; in another, metritis; in another, phlebitis; in another, mammary or other abscesses; in another, low fever; in another, intestinal irritation; in another, dissolution of the blood, without a trace of local inflammatory disorder; and so on throughout the list of local or special disorders which have been described by authors in puerperal fever. It may be questioned, even, if phlebitis ever occurs without a poisoned condition of the blood, produced either as the result of contagion, epidemic influence, or the absorption of putrid matter from the uterus.

Thus, in the earliest pathological arrangements, a great number of disordered states were grouped together as puerperal fever, without attempt at discrimination or analysis; next came a laborious separation of the different forms and manifestations of the disease; and the subject seems at the present time ripe for allaying the numerous affections met with in puerperal fever together, in their origin from a common cause—namely, some Animal Poison or Zymotic Influence.

Of the occasional sporadic appearance of puerperal fever and its allied disorders, there can be no doubt. In all seasons, taking large communities, or large areas, isolated cases are met with in different localities, and in the practices of different medical men, where single patients are attacked, and where the disorder is not so severe as to extend itself by contagion or infection. In these cases, when the poisonous element is produced by the patient attacked, it probably originates from the state of the blood incidental to delivery, or depends upon the absorption of irritating or putrid lochial discharges, decomposed coagula, or portions of retained placenta. A single case produced in this way, may become contagious, and cause the disease in other patients, through the medium of nurses or attendants. It seems to be clearly made out, that in cases of this kind, and, indeed, in all cases in which contagion or infection is concerned in the propagation of puerperal disease, the risk of the spread of the disorder is greater in proportion to the adynamic type of the cases which first occur. In inflammatory cases, the risk of the communication of the disease is less than in the purer forms of fever. The most convincing proof of the sporadic origin of some cases of puerperal fever is found in those instances in which single cases occur, and no other cases happen either in the neighbourhood or at about the same time.

As distinct from the sporadic appearance of puerperal disease, we have epidemics of puerperal fever, or puerperal inflammation, in which the disease, in its various complications, rages in certain hospitals or districts, being very dangerous at the outset, attacking the patients of different medical men simultaneously, prevailing for a certain time, and then becoming weaker and more manageable in type, until it at length disappears altogether. Epidemics of puerperal fever originate in the crowding of puerperal women together; and in the epidemic prevalence of erysipelas, hospital fever, typhus, or other disorders allied in their nature to the puerperal disease. In epidemics of this as well as of other disorders, it is exceedingly difficult in any given case to prove whether it arises from epidemic or contagious influence. The best proof we have of the existence of puerperal fever in an epidemic form, is drawn from those examples in which the disease appears in certain towns or districts and affects the patients of all the medical men alike, but is certainly not confined to the practice of one or two accoucheurs. It is observed that when puerperal fever prevails epidemically in the human subject, the lower animals die in large numbers of diseases connected with parturition.

Besides the sporadic and epidemic appearance of this disease, we have, in my opinion, evidence as irrefragable as that which can be advanced in the case of any other malady whatever, that it sometimes rages as the result of contagion and infection. Those who deny the influence of contagion, magnify the facts relating to the sporadic and epidemic prevalence of this disorder, and seek to apply them to the universal explanation of cases in which contagiousness appears most manifest. It is natural, observes Dr. Farr, for any man to shrink with horror from the supposition that he has communicated so fatal a disease to his patients, and to be disposed to receive any other explanation than that which refers it to contagion. Nevertheless, the interests of truth and humanity demand that the evidence of the contagiousness of puerperal fever should be put prominently forward.

The following are examples of the kind of evidence which exists in proof of the contagiousness of puerperal fever, and it may be necessary to state that facts of a similar kind to those now advanced might be multiplied to almost any extent :—

A practitioner, for instance, had been attending cases of typhus fever. Within the space of four days he delivered five women. All these women were attacked with puerperal fever, and all of them died. This was in a country practice, and the cases were remote from each other. Different practices intersected the practice of this medical man at various points, but no other cases were known to have occurred in the neighbourhood. Again, a patient suffering from typhus fever was admitted into a lying-in hospital, where she remained for a few hours only. In the beds on the right hand and the left of this patient were two lying-in women; both were attacked almost immediately with puerperal fever, and both died. Take another case : a medical man was in constant attendance upon a patient suffering from gangrenous erysipelas, and between the 8th of January and the 22d of March he attended the labours of ten women; all had puerperal fever, and eight of the patients died. This was in a town of moderate size, and no other patients in the place were known to have had puerperal fever. In another recorded instance, two medical men, brothers and partners, attended in the space of five months twenty cases of midwifery. Of these, fourteen were affected with puerperal fever, a fatal result ensuing in eight cases. The only other known death from puerperal fever, in the same town, within the period named, occurred in the case of a patient attended by a medical man who had assisted at the post-mortem of one of the puerperal patients. During this disastrous period, the two brothers relinquished all their midwifery engagements for one month, in which time five of their cases were attended by other practitioners, and no instance of fever occurred in the course of that month. They then returned, and several fatal cases again happened. It is difficult to imagine anything more conclusive as regards the doctrine of contagion. A curious history in point is related by Dr. Ingleby. Two practitioners attended a post-mortem where the patient died from this disease. One was summoned in one direction to a midwifery patient, who was attacked with puerperal fever; the other attended two cases in succession, both of whom were seized with the same disease. Dr. Roberton relates, perhaps, one of the most cogent instances of contagion and fatality on record. In the space of one calendar month, a certain midwife attended twenty cases belonging to a lying-in charity ; of these, sixteen had puerperal fever, and all died. The other midwives of the same charity, working in the same districts, attended in the same time 380 cases, none of whom were affected with puerperal fever. In a large town, containing many thousands of inhabitants, and numerous medical men, fifty-three cases of puerperal fever occurred. Of these, no less than forty happened in the practice of one medical man and his assistant.

In the face of such facts as these, it does not become us to hesitate, or give out an uncertain sound respecting the contagiousness of puerperal fever. It is better to know the worst, fear the worst, and guard against the worst, than to harbour undecided opinions. I have known several instances where medical men, believing in the non-contagiousness of the disease, or hesitating between the two opinions, had gone on attending patient after patient with fatal results, until convinced of the mistake they had fallen into by successive deaths. No doubt sporadic and epidemic seizures are sometimes mixed up with those of a contagious origin, in such a manner as to require much clear-sightedness to penetrate the confusion; but the facts of contagion are, as it appears to me, placed beyond all question, and should never be lost sight of by practical accoucheurs.

Those who oppose the view of the contagious nature of puerperal fever, argue that the cases which seem most conclusively to demonstrate the communicability of the disease from one patient to another by the attendants, really depend on epidemic influences. They point also to the occasional sporadic appearance of single cases in different parts of the same city or district, in the practice of different medical men. It is also insisted upon that in some cases lying-in women have been exposed to the influence of surgical fever, or have been present in wards containing patients ill of peritonitis, without contracting puerperal fever. The very intensity of the contagious principle has been used as an argument against the existence of contagion. It has been said—How could any poison cling to an accoucheur for several weeks, as in those instances where medical men meeting with puerperal cases have relinquished practice for awhile, but on returning have brought the disease back with them? Great stress has been laid upon personal experience, as in the case of Dr. Meigs, who attended as the consulting physician upon numerous cases in an outbreak of the disease which occurred to another practitioner, but Dr. Meigs himself never took the disease to any of his own patients. It appears to me that these difficulties are much more easy of explanation than the difficulties attending those cases in which contagion seems to be most convincingly proved. Some persons may be more liable to convey infection than others, just as one individual is more prone to infection than another. At certain times, from reasons which we cannot understand, but which we know must exist, the human organism is in such a state that exposure to infection and contagion does not affect it. Perhaps one of the strongest arguments in favour of infection or contagion is drawn from the preventive treatment of the disease. All the great reductions in the mortality have arisen from measures calculated to remove infection and contagion. In the course of a few years the mortality in the great hospital of Vienna was reduced from 1 in 10 to 1 in 74 of the mothers delivered, by the precautions taken to prevent the inoculation and infection of lying-in women. In this country the disease is much less formidable than it formerly was—a circumstance which is greatly owing to the care taken in preventing the spread of the disease by contagion and infection.

It is further necessary to insist upon the fact, that the contagious principle in the case of puerperal fever, is not limited to the transmission of puerperal fever, nor to the communication of infection from one puerperal patient to another, either directly to the lying-in woman or by attendants or nurses, but that it may be conveyed in the shape of several other animal poisons. One of the most remarkable points connected with the puerperal poison is the fact, that setting aside its sporadic and epidemic appearances, it may, in the first instance, originate from a variety of causes external to the patient herself. When once produced in this manner in single cases, it may be propagated amongst puerperal women by infection and contagion. The exposure of puerperal patients to the influence of hospital gangrene will produce the disease. Medical men in attendance upon cases of erysipelas have given their patients puerperal fever. It has been made out very conclusively by Semelweiss and others, that the miasms derived from the dissecting-room will excite puerperal disease. Exposure of the puerperal women to the poison of scarlatina will give rise to puerperal disease in patients proof against the reception of scarlet fever itself. The mortality amongst childbed women seized with small-pox is well known, and such patients die with the symptoms of puerperal disease, in addition to the variola. With respect to the disorders named, and probably others also, such as putrid sore-throat and sloughs or abscesses, some law evidently exists by which they may all be respectively converted into the puerperal poison. In some cases, puerperal fever and erysipelas have been observed together at the same time, and in the same patient.

A curious circumstance connected with the poison of puerperal fever is, that it may be communicated in other forms to the nurses, or attendants, and even to males. The husbands of puerperal women may be attacked by sore-throat, erysipelas, or typhus fever. Within the last few years an accomplished physician-accoucheur of this metropolis was cut off suddenly by putrid fever, after examining a woman suffering from puerperal disease. In some of the cases where the same medical man has lost numerous cases in succession, as many men and women have died from fever or erysipelas, as those who have perished from the puerperal disease. Thus, we have evidence that erysipelas, gangrene, fever, &c., in males, or unimpregnated women, may produce childbed fever, and we have the converse proof that this fever may excite other dangerous disorders, as the result of contagion, in non-puerperal persons.

How is this subtle poison conveyed from person to person? In what media of communication can it lurk? Through what channels can it reach the puerperal woman? The clothes, hair, and touch of the person exposed to the poisonous influence have been supposed to be the chief means of infection and contagion; but very remarkable cases are on record, such, for instance, as when the accoucheur has shaved his head, changed the whole of his clothes, cleaned himself by hot baths and vapour baths, and soaked his hands in disinfecting solutions, and yet he has taken the malady about with him. I believe that in such cases the blood of the person acting as the medium of infection is affected, and that by the breath a certain halitus or infectious influence is given out, which acts upon the blood of the puerperal woman through her lungs, and thus conveys to her system the germs of the disease. As this point has a practical bearing of some importance, I desire in this place to make a few observations which may explain the position I have assumed.

If we attend a post-mortem when the smell is peculiar, if we spend some time in a lying-in room where the odour of the lochia is very strong, or if we go into any very powerful smell, the taint evidently enters the body by means of the lungs, and can be perceived subjectively by the taste or smell, or its odour can be distinctly perceived in the saliva, in eructations from the stomach, or in the urinary, cutaneous, and other secretions. Although the party thus affected may not have been exposed to the miasma or smell but for a short time, his blood gives evidence of infection for many hours, or in some cases for several days afterwards. Some habits are more prone to receive and retain this kind of infection than others. It remains so long in some cases that the odour would seem to have a power of sustenation or reproduction, otherwise it is difficult to suppose that an odour to which the lungs have been exposed, it may be for a few minutes, can infect the blood and all the secretions for twenty-four or forty-eight hours. If we can trace in this way the influence of a bad odour, surely we may admit that the same thing may happen with reference to the wonderfully subtle poison or germ in puerperal fever, or those influences which are evidently convertible into the puerperal poison, and manifest similar results in the lying-in woman. I believe that the blood of the accoucheur may take up a dose of puerperal poison without manifesting any special results in his own system, and that he may communicate it through the medium of the lungs to his patient. In the case of a poison so subtle, the air we breathe unites the circulations of the accoucheur and patient, and renders them, as it were, one. This is, probably, one great mode in which animal poisons generally are diffused. We know that the blood of persons attending patients in scarlatina, measles, and smallpox is infected, although they are proof against the disease; and in one remarkable instance we have the positive proof that the blood is the medium of infection. I refer to cases in which pregnant women who have had smallpox in childhood, and are proof against infection, but who, on being exposed to the poison, convey the disease to the fœtus in utero. Here the blood of the mother must be the medium of communication between the patient suffering from smallpox and the ovum hidden in the womb, and the lungs of the mother must be the channel by which the poison enters the circulation. This illustrates very well what I mean by saying that the blood of the accoucheur, or attendants, is one great medium which conveys the poison of puerperal fever. The saturation of the blood of the accoucheur, nurse, or midwife, may remain for a considerable time; for cases are on record in which every case attended by certain individuals for weeks or months have been affected by the disease. A practical point deducible from these remarks is, that in attending lying-in patients, after the slightest exposure to the puerperal poison, or to any miasma which can be converted into this poison, or its equivalent, in the lying-in woman, we should be especially careful not to go so near, as to establish any communication between the lungs of the practitioner and patient. In saying this, I do not mean that other means of conveying the poison, as by clothes, hair, and the surface of the body, should not also be guarded against.

The fiercest outbreaks of this disorder have occurred in lying-in hospitals, or in hospitals where lying-in women are received with surgical and medical cases, and where erysipelas, gangrene, or fever has prevailed. On this account many have doubted whether lying-in hospitals are not mischievous rather than otherwise, in the present limited state of our knowledge of the means of preventing puerperal fever. Women confined even in misery and squalor in their own homes are less liable to this disease than patients collected together in hospitals, even when the greatest care as regards cleanliness and ventilation is observed. All lying-in women should, as far as possible, be removed from the neighbourhood of any contagious epidemic or infectious disease. It should be a rule of the practical accoucheur to have as little as possible to do with any of the animal poisons which give rise to puerperal fever. He should avoid autopsies, especially in cases of death from childbed fever, or ordinary inflammation. The student should not attend midwifery cases while he is dissecting. After an attendance upon any suspicious case, the practitioner should change his clothes, or have them hung up in a room exposed to the fumes of chlorine; I have no doubt it would be useful for him to inhale the diluted fumes of chlorine several times a day, and after touching anything connected with any source of danger, to rinse his hands in a solution of chloride of lime or chloride of zinc. It is impossible to be too scrupulous, in a matter of such moment, and I have known some accoucheurs who, on entering a lying-in room, always wash their hands before making an examination.

In the next lecture I propose to consider the special characters of puerperal fever in its various manifestations, and the rules of treatment.—*Lancet*, Nov. 8, 1856.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Large Ovarian Tumour.—Dr. Dunlop, of Ripley Co., Ohio, removed on the 18th of November last, an ovarian tumour weighing over one hundred pounds. The patient, at the last accounts, was doing well.

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Medical Examiner.—Dr. Samuel L. Hollingsworth announces, in the December No. of the *Medical Examiner*, that his connection with that journal as editor ceases with that number. Dr. Hollingsworth, during the whole period of his editorial career, has zealously upheld the honour and character of the medical profession and endeavoured to advance its interests, and we regret to lose him as a colaborator.

The *Medical Examiner* and the *Louisville Review* are to be combined under the name of the *North American Medico-Chirurgical Review*, and Profs. Gross and Richardson are to be the editors.

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Dartmouth College.—At the Annual Commencement, held on the 12th of November, 1856, the degree of M. D. was conferred on twelve students.

The Western Lancet.—With the commencement of the present year, Dr. Geo. C. Blackman assumes the entire control of this journal, both as editor and proprietor. The well known great industry and zeal of the new editor afford the assurance that it will be conducted with ability and on sound ethical principles.

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Transactions of the American Medical Association.—The ninth volume of these *Transactions*, containing the minutes of the meeting held in Detroit, with reports made at that session, and the prize essay, has been published. It is a very bulky volume, containing over 900 pages, and should be in the possession of every member of the profession. Permanent members may obtain the work by remitting *three* dollars to the Treasurer of the Association, Dr. Caspar Wister, No. 479 Arch St., Philadelphia.

FOREIGN INTELLIGENCE.

Bronzed Skin and Pityriasis.—At a recent meeting of the Medico-Chirurgical Society of Edinburgh, Dr. Gardiner, in the course of some observations on bronzing of the skin, remarked that it was possible that mistakes might occur from cases of pityriasis versicolor being mistaken for Dr. Addison's disease. The distinctive characters of pityriasis were its distribution in distinct, more or less circular patches, chiefly over the breast, shoulders, and back; its being attended with increased, though not greatly increased, desquamation of the cuticle; and, lastly, the presence of a microscopic fungus, somewhat similar in structure to the parasite of tinea favosa, and to other simple mycodermatous growths. The last character had been discovered by Eichstedt. Dr. Gardiner then exhibited a demonstration of the fungus. It consisted of very numerous circular sporules, infiltrated through the epidermic scales, and especially clustered in great numbers in the neighbourhood of the orifices of the sweat glands, in some instances connected with tubular processes, which, however, were difficult to follow out, incorporated as they were, to appearance, with the substance of the epidermis. To the experienced eye, Dr. Gardiner observed, there was little difficulty in ascertaining the existence of this fungus, which, in a doubtful case, might probably prove the best test of the disease now under observation, as contrasted with other kinds of discoloration, and particularly with that connected by Dr. Addison's observations with disease of the supra-renal capsules.—*Dublin Hospital Gazette.—Med. Times and Gaz.*, Nov. 8.

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Iodine Injections into Ovarian Cysts.—The treatment of ovarian cysts by the injection of solutions of iodine, is decidedly gaining favour with the London profession. Most of the cases which have been seen, have been treated by Dr. West and Mr. Paget in St. Bartholomew's, and one is now under that of Dr. Barnes, in the Metropolitan Free. In none, we believe, has complete success been obtained; but it has been thought that, in most, the tendency to refill has been decidedly restrained. By repeated operations, probably some of the cases may yet be cured. In none have, we believe, any serious symptoms ensued. In general, the attempt to drain out the solution, after a few minutes, has been made; but in several in which this could not be accomplished, from four to six ounces of the pharmacopœial tincture has been left in without ill consequences. Two fatal cases—one in the provinces, and one in London—have come to our knowledge in which ascites was mistaken for ovarian dropsy, and the solution injected into the peritoneal cavity. In some cases, the difficulty of diagnosis is extreme.—*Med. Times and Gaz.*, Oct. 18, 1856.

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Treatment of Phagedæna by Irrigation.—The plan of treating phagedæna by the constant irrigation of the sore with warm water, recently adopted by Mr. Cock, in Guy's, to which we adverted on a former occasion, still continues to be very highly thought of. There are situations in which it is impossible to employ it, and in these the plan of making the patient sit for long periods in a warm bath, seems the best substitute. One such we recently saw under Mr. Paget's care, in St. Bartholomew's, in which an enormous sore of this description involved the cleft of the nates in a young prostitute. It was too large for the successful use of nitric acid, and Mr. Paget ordered the use of the warm hip-bath for long periods, and repeatedly in the day, remarking that he believed, in several he had recently treated, that simple measure had been effectual in arresting the disease. The water should be changed while the patient is in, the *modus operandi* being that all the particles of discharge, by the contagion of which the ulceration spreads, are thoroughly washed away. A plan lately recommended by Langenbeck, of placing unhealthy stumps in a trough of warm water, constantly kept in which, he states that they heal very rapidly, probably has its advantages on the same score.—*Ibid.*

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Considerable Hypospadia: Fecundation.—Dr. Traxel, of Kremsier (*Weiner Med. Wochenschrift*, 1856, No. 19), was lately called upon to decide on the sex of a child, which presented exactly the same genital malformation as its father. The latter had hitherto been taken for a woman, and sleeping habitually in the same bed with a fellow-farm-servant, really of the female sex; the child had been the consequence of that circumstance. The following is the condition of the father: The penis is shorter than usual, but thicker and imperforate; the scrotum is divided in two sacs, each of which contains a testicle. At the root of the penis, in the anterior commissure of the sacs, there is a foramen, which would admit a small pea, and from that foramen springs a groove running along the under part of the penis. There is no prepuce. In the groove, and about a line behind the corona, are two elliptical openings, large enough to admit a bristle, and another small hole is observed further back, two lines from the urethral orifice. The author of the paper is inclined to believe that the anterior foramina are the orifices of the ejaculatory ducts, and that, by their means, fecundation had taken place. Perhaps it would be simpler to look upon them as the openings of the mucous ducts usually found in this region, and to conclude that fecundation had taken place at the foramen allowing of the passage of the urine.—*Lancet*, Nov. 15.

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Emetics in the Onset of Erysipelas.—Mr. Hilton, of Guy's, entertains a very high opinion of the usefulness of emetics given in the commencement of erysipelas. A case of amputation recently under his care, had erysipelas over the stump, one morning, about a week after the operation. The man was ordered to take twenty-five grains of powdered ipecacuanha, with half a grain of tartar emetic immediately, the dose to be followed by a purgative; subsequently, by ammonia and cordials. The inflammation did not spread. A few days afterwards, Mr. Hilton took occasion to direct the attention of his class to the abortive treatment which had been adopted, stating that he believed that, in a large majority of instances, the disease might be stopped by the early adoption of it. It is an old plan, but, with many surgeons, seems to have fallen into unmerited neglect.—*Ibid.*

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Poisoning by Chloroform.—The most extraordinary overdose of chloroform yet known was wilfully swallowed by a patient recently in London. The man drank about four ounces at one draught! Wild intoxication, followed by profound insensibility, ensued; but, after various relapses and accidents, he is now quite well!—*Lancet*, Sept. 6, 1852.

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Tapped One Hundred and Forty Times.—The case of a woman who recently died of dropsy, from which she had suffered for five years, is alluded to in the *Lancet*, Sept. 6. She is said to have been tapped upwards of 140 times, and more than 3,000 pounds of water extracted.

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Pestilence in India.—Calcutta, Sept. 22.—This side of India has this year been heavily afflicted. The work left undone by the cholera, has been completed by the inundation, and from the Punjab and every part of the gigantic valley, we have nothing but tales of suffering and loss. The pestilence broke out in Agra in May last, and in a few months slew upwards of 16,000 people. Thence it struck the native cities of Rajpootona, Bhurtpore, in particular, losing 50 men per diem. About July, it began its march to the northwest, moving along slowly and quietly to Kurnaul. Then it took a spring, missing Umballah, but striking Ferozepore, and finally concentrating its strength on the cantonment of Mean Meer. One-third of the European artillery perished in a fortnight. It then turned on the city, but its fury was spent, and, on its return march, the mortality was much less, and the disease not so fearfully rapid. At Mean Meer, men died two hours after seizure. I can send you no certain statistics, but I have a very moderate calculation before me which gives the total loss of life at upwards of 90,000 persons. It seems certain that the Mean Meer artillery barracks, where its ravages were most terrible, are notoriously the largest, best ventilated, and best drained in India. Again, the disease everywhere appears to have spared the women, and most certainly did not attack European females—a strange fact, which suggests the idea that bad liquor may be a predisposing cause. The mere cost of the outbreak to the Company, will exceed £60,000. The surgeons universally behaved nobly, and the scourge, as usual, brought out many acts of individual heroism.—*Med. Times and Gaz.*, Nov. 15, 1856.

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Congress of German Naturalists and Physicians at Vienna.—This congress was held at Vienna between the 16th and 22d of September, and has given general satisfaction. The guests were most cordially received, the Government was extremely liberal, and the communications made in the various sections highly important. The sections were ten in number. Amongst these we may note the section of Medicine, President, M. Skoda; the section of Surgery, President, M. Dummreicher; Anatomy and Philosophy, Chairman, M. Rokitansky; Chemistry, Chairman, M. Redtenbacher, &c. There were altogether about 1,500 members.—*Ibid.*

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Longevity in London.—An eminent citizen of London recently gave a dinner to celebrate his seventy-second birthday, when, out of sixteen guests, fourteen had attained seventy and upwards, their united ages amounting to 1048 years, the average being seventy-five, and the two oldest were each eighty-six last birth-day. It is seldom that, in any country, such an assemblage of hale old gentlemen have ever met together on a similar festive occasion; and the fact is now recorded from its rarity, and as indicative of the great ages of many persons living in this metropolis.—*Lancet*, June 14, 1856.

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Covering Pills with Collodion.—M. DRUDE recommends that the pills, when rolled, should be well shaken in a box after having poured a few drops of collodion over them. They become in a few minutes covered with a fine coating of this, which gives them a shiny appearance, and wholly prevents their taste being perceived. They are to be left exposed to the air for a few minutes, in order that the smell of the ether may disappear.—*Med. Times and Gaz.*, Oct. 25, 1856, from *Buchner's Repertor.*, No. III.

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Victoria Military Hospital.—The whole of the foundations of the Victoria Military Hospital, near Netley Abbey, in Hampshire, are now laid, and the walls of the building are rising above the ground, so that a notion of the size and figure of the building can be formed. About five hundred men are at present employed on it; but next year the number will be increased to upwards of one thousand. The frontage of the hospital will be 1,400 feet, or more than a quarter of a mile in length. The general depth will be 200 feet. In the centre, the depth will be nearly 300 feet. The hospital will be 50 feet high, and three towers of dome-like shape, which will grace the centre block and two wings, will each be 100 feet in height. Nearly three million bricks have been used in merely laying the foundations. The spot on which the hospital is built is about 60 feet above Southampton Water; and the drainage of the hospital has been effected upon the most improved plan. The main sewer, of great magnitude, and of an elliptic form, runs along in the centre of the building, parallel with the front. The stone dressings with the plinths will be of Cornish granite. The view from the towers will be magnificent, overlooking, as it will, the New Forest, the Solent Sea, the Isle of Wight, and the British Channel. The hospital will accommodate one thousand patients, besides affording a residence for a large medical and government staff. The centre block of the building, projecting 90 feet from the frontage of the wings, will contain the apartments of the staff. Behind this block, in the rear of the building, will be the chapel. The Government is buying up much land in the neighbourhood. The view of the hospital from the ships and steamers going up and down Southampton Water will be imposing, owing to the immense proportions of the structure and its nearness to the shore.—*Assoc. Med. Journ.*, Oct. 1856.

The building, it is expected, will cost upwards of a million and a quarter dollars.

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Prohibition of Quackery in Russia.—The present Emperor of Russia has evidently taken warning by the fate of his father, who is understood to have favoured homœopathy, and to have been attended by a homœopathic physician—"hinc illæ lachrymæ." He has prohibited quackery and quacks throughout all the Russias, with an imperial disregard to the vested interests of the undertakers. At a medical meeting recently held in Paris, a vote of thanks to the Emperor Alexander for setting so good an example was proposed, and, after some opposition, carried. It was to be accompanied by an honorary diploma of fellowship! We anticipate the reply will somewhat resemble that of King Agesilaus, as Plutarch tells the story. "Menecrates the physician, having succeeded in some desperate cases, got the surname of Jupiter. In his vanity he wrote a letter to the king. 'Menecrates Jupiter to King Agesilaus: health.' The answer began thus—'King Agesilaus to Menecrates: his senses.'"—*Lancet*, Nov. 29, 1856.

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During the present year the "Library Department" will be occupied with the continuation of "West's Lectures on the Diseases of Women," which were commenced in the Number for July, 1856. Gentlemen whose subscriptions begin with the present number, can obtain the commencement of that work (up to page 132) *free of postage*, by remitting 50 cents in postage stamps or otherwise.

Subscribers to the "American Journal of the Medical Sciences" who remit Ten Dollars in advance, will receive two copies of the "Journal" and "News" for 1857, or one copy for two years, and in addition, as a premium, a copy of "Wilson on Healthy Skin"—the whole *free of postage.*

THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Injuries of Brain and Nervous System.—A curious but instructive case recently in St. Bartholomew's Hospital has just ended fatally. The patient was under the care of Dr. Burrows, with what appeared to be apoplexy, attended with well marked paralysis of one side of the body. At the inspection after death, the internal carotid artery of the side opposite to the paralysis was found totally occluded or obliterated by a firm fibrinous clot. The preparation, with the clot extending into the middle cerebral artery (which artery, it will be remembered, passes along the fissure of Sylvius, and is distributed to the corpus striatum), is preserved in the museum at St. Bartholomew's. The corpus striatum, in a word, must have died for want of blood.

In a very suggestive case in Guy's Hospital, Dr. Gull drew attention during the month to the character of the paralysis, which seems to bear out rather unexpectedly the views of M. Brown Séquard, alluded to in Mr. Lawrence's case in the *Association Journal* of November 1st. The patient has loss of sensation in one arm, loss of motion in the other; bearing out the supposition that the nerves of sensation cross in the cord, and that some disease at one side of the cord produced paralysis at that side—want of sensation at the opposite side.

A very remarkable case of fracture of the skull has been also in Guy's Hospital, under the care of Mr. Hilton. One seldom sees an instance (at first all but hopeless) of such apparent destruction of some of the most delicate parts of the cerebral hemisphere, yet followed by the most perfect restoration of health. There seems to have been a crack or smash of the bones at the left side of the head, at the coronal suture, with a large clot of blood resting on the brain, which Mr. Hilton removed. The young man received a terrible blow in a factory from a fly-wheel. He had complete loss of vision at one side, and strabismus,

Published monthly by BLANCHARD & LEA, Philadelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage.*

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as if some part of the brain about the crus cerebri, with the third nerve, as well as the origin of the optic itself, had suffered injury. The parts are now completely healed over, but the pulsation of the brain is quite perceptible. The patient, in fact, leaves Guy's in perfect health, and quite stout, from the attention he had received while under treatment.

There has been a case of compound fracture of the skull in the Westminster Hospital, of no immediate pathological importance, in comparison with that of the case under the care of Mr. Hilton, at Guy's. The miserable circumstances of the attack on the man are already familiar to many newspaper readers. The man seemed to go on for several days very well, and then died of pyæmia.

With reference to Mr. Hilton's case, and the blindness of the boy, Mr. Swan has beautifully shown very recently that a true visual tract, originating from the anterior angle of the thalamus, proceeds to a special convolution *at the summit of the brain*, quite distinct from the tractus opticus, and affording the principal means by which the optic nerve communicates with the convolutions of the brain and the intellect (this part was injured in this boy); that the optic nerve, in fact, has a compound nature. In birds, the optic nerve is curiously blended, Swan says, with the involuntary or purely sensational part of the brain, rendering this part of the brain peculiarly serviceable by associating the eyes with respiration in a long flight, and preventing the fatigue of vision which must otherwise occur from constant voluntary strain on the attention. The retina, it is curious, is more distinctly related with the par vagum, which explains many of those sympathies with the stomach in dyspeptic diseases familiar to the practitioner. The perfection of vision in animals is not in any proportion to the size of the brain or visual apparatus. The larger, however, the true visual tract, and the more extensive the convolutions of the brain, the more is there of intellectual association, as in man.

Mr. Stanley has a striking case in one of his wards at St. Bartholomew's Hospital —a patient who was suddenly struck with intense deafness of both ears, from slight concussion of the brain. Acting on the idea that hemorrhage into the fourth ventricle, or some lesion in or about the cochlea or calamus scriptorius, had taken place, Mr. Stanley ordered mercury in full doses, with bleeding, to be followed up by the use of iron. The patient is recovering; and probably some slight apoplectic clot is in process of disintegration.

Mr. Bowman has under his care two ophthalmic cases, one apparently of amaurosis, but which the ophthalmoscope showed to be a deposit of scrofulous matter in the retina: it is already yielding to treatment. The second case is more confirmed, though the man can distinguish light from darkness. The chief peculiarity of the case, however, is that, along with the probable affection of the commissure of the optic nerves, he complains of a peculiar want and error of the sense of smell. Cases such as these are very rare in practice.—*Assoc. Med. Journ.*, Dec. 6, 1856.

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Tracheal Tube, long worn after Tracheotomy.—A man on whom tracheotomy had been performed about two years ago by Mr. Birkett, at Guy's Hospital, under very urgent circumstances, accidentally again came under observation in the same hospital the other day. He was discharged, still wearing the tracheal tube, and has continued ever since to do so. It was retained entirely at his own wish, and as a precautionary measure, as he could breathe very fairly without it. At the time of the operation he was pulseless, and, to all appearance, quite dead from dyspnœa; and such was his horror of a repetition of the circumstance, that he insisted on being allowed to keep the tube in. The original disease was inflammatory œdema of the glottis, supervening on chronic syphilitic disease; and on the morning of the occurrence he had been sufficiently well to be allowed to leave another hospital of which he had been an inmate. There is, therefore, reason to believe that no very great amount of ulceration or cicatrization existed. He is now in excellent health, and breathes sufficiently well through the larynx to allow of the tube being worn covered over by his cravat. When it is so covered he can speak with sufficient clearness to be well understood, and even to be heard at some distance. He states that he has had some colds on the chest recently, but not, he thinks, either more frequently or of greater severity than he used to be liable to before the trachea was opened. The case adds another to the list of several which we have recorded, in which tracheal tubes have been worn for long periods, not only without inconvenience, but with great comfort. In some cases, undoubtedly, the admission of cold air directly into the trachea is productive of liability to bronchitic attacks of more or less severity, but these seem quite exceptional. Very probably the adaptation of some folds of wire gauze, on the principle of Jeffrey's respirator, might even in these cases obviate the inconvenience.—*Med. Times and Gaz.*, Dec. 27, 1856.

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Empyema and Puncture of the Chest.—There is a case (a lad named Marsh) under Mr. LLOYD's care in St. Bartholomew's, well worthy of attention as an example of some of the events of empyema. He has been under our observation in different hospitals for nearly three years. In the first instance, he was a remarkable example of immunity from constitutional disturbance, while one pleural sac was full of pus. Admitted into St. Bartholomew's Hospital within a few weeks of the original pleurisy (the symptoms of which had been very slight indeed), he was so well as to be able to go up and down stairs and assist the nurses in carrying things for the other patients. His left chest was perfectly dull, but a large majority of those who saw him expressed the most confident opinion that the fluid could not be other than serum, or he must show greater signs of ill-health. While in the hospital he had scarlet fever, went well through it, and recovered well. He left the hospital *in statu quo* as regards the chest, and returned home to assist his father, in work as a bricklayer! About six months later, however, a proof of the correctness of the diagnosis held from the first by Mr. Lloyd and some others, he suddenly began to expectorate pus freely. This continued, and afterwards the matter made its way through an intercostal space, and an external opening was made. This repeatedly healed up, and was repeatedly reopened, he remaining throughout, in spite of the profuse discharge, in fair health. He was under Dr. Peacock's care in the City Hospital for Chest Diseases for some months. A week or two ago, Mr. Lloyd made a free opening into the chest, and there seems a fair chance of the cavity being emptied, should he have strength to survive the process. A case illustrating the same point, as regards the extreme obscurity of early symptoms, is under Mr. Hutchinson's care as an out-patient at the Metropolitan Free Hospital. A little girl, aged 4, was attended throughout a feverish illness by a parish medical officer, who told her mother that she had remittent fever. Her mother was positive that throughout this she never complained of pain in the chest. Not regaining her strength, she was taken to a very excellent and experienced physician, who heard the history, and seeing nothing to lead him to the chest, did not make an examination of it. She had been under his care about a month, when a large fluctuating swelling becoming apparent in front of the chest, she was sent to Mr. Hutchinson, to have "a burrowing abscess under the pectoral muscle opened." A few taps on the chest soon rectified this diagnosis, and showed that the pleural sac (the left) was distended with fluid, and the heart pushed over to the right of the sternum. Within a day or two, a second collection of matter externally showed itself, and both were opened. Since then (about two months) the lower puncture has continued to discharge, and the pleura is now fast emptying itself. The child's health is fair, and steadily improving. A case similar to this, which we mentioned eighteen months ago as under the care of Dr. Ramskill and Mr. Hutchinson, has since ended in complete recovery. The patient, a little boy of 10, is in excellent health, the fistula soundly closed, and the chest but little contracted. —*Ibid.*

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Epithelial Cancer of the Nose; and its Diagnosis from Rodent Ulcer.—Long before the histological diagnosis of cancer was studied, it was a matter of remark among experienced surgeons, that those forms of the disease affecting the nose, eyelids, and forehead were usually of very slow progress. This is now explained by a knowledge of the circumstance, that the form of ulceration to which, as quite incurable, the name of malignant might fairly be given, is, nevertheless, not a true cancer. We are speaking of a disease perfectly distinct from all the forms of lupus, and which none but the ignorant could confound with them. It is the disease described by Mr. Paget, and before him by Lebert, as the "Rodent Ulcer." The cavity formed by this disease resembles often very exactly that of an open scirrhus; but more frequently it is not nearly so deep. It has a sinuous border, thickened, elevated, and often of stone-like hardness. From the appearance of epithelial cancer it differs markedly in not having any warty growths whatever about its borders or surface. If cut away or destroyed ever so freely by caustics, the cicatrix never, so far as the writer's experience goes, remains healed more than a few months. Its spread is sure, but remarkably slow, and generally nearly painless. It never causes the glands to enlarge, nor does the patient become cachectic, or lose strength. Under the microscope its tissue shows only the forms of cell growth common in the edges of indurated ulcers, and nothing at all resembling those of any kind of cancer. It is decidedly a rare disease; and our own experience, which has included a very large sphere of hospital observation, does not supply us with more than a dozen or eighteen cases. Speaking from general impressions, we should say, that on the parts named, *i. e.*, the inner angles of the eyelids and the nose, it is of about equal frequency with epithelial cancer. Its duration before it causes death may be twelve or fifteen years, and sometimes even more. In its spread it involves all parts, lays bare the bone, opens the nostril, etc., and in the cases in which we have known death to occur, the fatal event has been from hemorrhage. We have seen but two cases in which the rodent ulcer has its seat on other parts than the face, and in both of those it affected the female genitals. We make these remarks *apropos* of an interesting example of true epithelial cancer of the nose now under Mr. Cock's care in Lazarus ward, Guy's Hospital. The patient, a Welshman in robust health, aged 56, noticed a spot on his nose in February last. He scratched it, and ulceration commenced, which spread so rapidly that Mr. Cock was compelled to excise the entire organ, although it was only about five months from the commencement. No glands had as yet enlarged noticeably, but the sore had been the seat of lancinating pain of some severity. In the rapidity of its spreading, the case offers a marked contrast to the examples of rodent ulcer of the same part.—*Ibid.*

Lead Poisoning.—A case was admitted into the clinical ward at Guy's, last week, under Dr. Addison's care, which presented some features likely to have misled in diagnosis. It was that of a pale exsanguined man, who had suffered from head symptoms, with failing power in the limbs, irregular pains about the epigastrium, &c., but whose chief complaint was of palpitation of the heart. He was stated to have once had a fit, and at first sight the idea suggested was that there was cerebral mischief consequent on cardiac disease. In inspecting the tongue, however, Dr. Addison noticed a blue line on the gums, and on inquiry it appeared that the man had been working in red lead, and that he had suffered much from constipation. The arms, it now came out, had been more affected by the loss of power than the lower extremities. Dr. Addison ordered the iodide of potassium and expressed a confident opinion that most of the symptoms, if not all, would prove to have depended on the impregnation of the system with lead. He related some instructive cases which had occurred to him in private, illustrative of the necessity for being constantly alive to the possibility of symptoms of supposed spinal or cerebral disease being in reality of this nature. A conversation ensued in the clinical room, respecting the explanation of the earlier occurrence of paralysis from lead in the arms than in other parts. Dr. Addison said that this was in his experience a constant event, and occurred equally in cases in which poisoned water had been taken as in those in which, as in painters, the lead had been absorbed by the skin, and mostly by that of the hands and arms. He declined to give any opinion as to its explanation, but mentioned that Dr. Lloyd had broached a theory to the effect that it was from the power possessed by lead of inducing contraction of the arteries, those of the upper extremities being supposed to be proportionately smaller than those of other parts. Dr. Todd's ingenious suggestion is, that it results from the more constant use of the arms, and from the consequent increased rate of nutrition of their muscles.—*Ibid.*

On the beneficial Effects upon Intractable Strictures of opening the Urethra behind them.—The benefits of the plan of treating bad strictures by procuring a free escape for the urine behind the strictured tract has been well illustrated by a case now under the care of Mr. Cock, in Guy's Hospital.

The end referred to may be secured either by puncture of the bladder, or by opening the membranous urethra, preference for one or the other mode being often optional with the surgeon. Of course, when no retention has occurred, and the bladder is kept empty, puncture of it cannot be resorted to; and in this class of cases, as well as those in which the perineum is the seat either of abscesses or sinuses, the perineal operation is to be preferred. The clinical fact on which the practice is founded is, that strictures, when once relieved of the irritation of the urine passing over them, spontaneously soften down and dilate. The plan, although much ridiculed by some, is a great favourite with several of our most practical hospital surgeons, among whom we may mention Mr. Cock, Mr. Wormald, and Mr. Simon. Mr. Wormald terms it giving "the diseased urethra a holiday," and is very warm in his commendations. Mr. Cock and Mr. Simon we have often seen resort to it. In cases of impassable stricture, its advocates regard it as far safer practice than the attempt to cut through the stricture without a guide, a procedure acknowledged to be one of much difficulty and uncertainty. Mr. Cock's case referred to may be briefly outlined as follows: A man in fair health, aged 30, had been for five years the subject of a long and most intractable stricture. His penis, etc., at the time of admission, was seamed with scars of incisions made for the relief of extravasation, and he stated that he had repeatedly suffered attacks of retention. The urine merely dribbled away, and there were numerous fistulæ in the perineum. After some weeks' patient treatment, Mr. Cock still found himself unable to pass the smallest instrument. The mass of induration around the urethra was very large. The man was now put under chloroform, and with a straight-bladed knife Mr. Cock opened the urethra by a single plunge,* just anterior to the prostate. No staff was in the urethra at the time, and no attempt whatever was made to divide the stricture. A female catheter was passed by the wound into the bladder and retained a few days. No urine whatever flowed by the penis for upwards of a fortnight, and at the end of this time a No. 5 catheter was pretty readily introduced through the stricture. No case could better prove the principle that strictures, when relieved from irritation, do really soften and spontaneously dilate. There is, indeed, whatever some may have held, nothing surprising in the circumstance that they should do so. In cases of Amussat's operation, performed for stricture of the rectum, the latter has been known to dilate afterwards very considerably, and the effect of tracheotomy, in relieving chronic laryngeal disease, is well known to all surgeons.—*Med. Times and Gaz.*, Dec. 20, 1856.

LECTURE.

Lecture on Puerperal Fever. By W. Tyler Smith, Accoucheur to St. Mary's Hospital, and Lecturer on Midwifery, &c. (Continued from page 9)

Gentlemen: In my last lecture, I stated briefly the evidence and facts which favour the view that all the different forms and manifestations of puerperal fever depend on a specific poison, arising in some instances sporadically; in others prevailing epidemically; sometimes due to the zymotic influence present in erysipelas, typhus, gangrene, surgical fever, and some other diseases; communicable from patient to patient by the attendants; and whose earliest known effect is a disordered state of the blood of the childbed woman. I now proceed to describe the different secondary disorders traceable to the puerperal poison.

In the adynamic form of puerperal fever, the effects of the poison are seen in their most terrible and virulent form. This type of the puerperal disease has prevailed in the most ravaging epidemics, and also in those outbreaks in which the contagious spread of the disorder has been most demonstrable. Occasionally, patients have been struck by the disease during the course of labour, or within a few hours after parturition. In other cases, two or three days have elapsed before the invasion of the disease. In the worst cases, patients become at once delirious or lethargic, the pulse being very rapid, from 120 to 140 in the minute, and feeble. Occasionally, acute pain is complained of, but more frequently there is in the worst cases little suffering beyond a feeling of indescribable anxiety and depression; sickness and vomiting of coffee-ground matter sometimes distresses the patient. The countenance is commonly sunken and dusky, or deeply pallid, with the dark circle round the eyes strongly marked. The skin is not above the usual temperature, but covered with clammy perspiration. Tympanitic distension of the abdomen rapidly supervenes. Rigors or shiverings may or may not be present. There is little or no sign of reaction, and in the worst cases the patients die in a state of collapse within a short time from the first seizure. Of 88 cases recorded by Dr. Collins, death occurred in 2 cases in 24 hours, in 1 in 27 hours, in 1 in 36 hours; 9 died on the second day, and 15 on the third, so that 24 perished in less than 72 hours. Dr. Ramsbotham states, in the worst cases this disease is more rapidly fatal than any other disease met with in this country, except cholera. Mr. Hey mentions a case in which death followed in less than eighteen hours.

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* The term "plunge" may possibly be misunderstood. All that it is intended to imply is, that the knife should be pushed steadily on in the median line, until the urethra is reached, and that there should be no side cutting. The forefinger of the left hand should be in the rectum, just touching the anterior edge of the prostate, and should serve in a certain sense as a guide to the knife. The making but one cut with the knife secures that the wound shall be of conical shape, its apex being the urethra. The circumstance that the urethra is dilated behind the stricture much facilitates the finding of it. The careful keeping the knife in the median line is the one important point in the operation.

When, from the less virulent action of the poison, or the strength of the patient, the disease is more protracted, the same symptoms are present, but in a milder form and degree. The invasion of the disease generally begins on the second or third day, and is commonly ushered in by shivering. There is in the earlier stages increased heat of skin. The tongue is sometimes coated, at others red; but, as happens with every variety of puerperal fever, cases are sometimes met with in which, from the commencement to the termination, the tongue remains tolerably clean. The prostration is less profound, and there is pain in the abdomen. Profuse sweating is a very common and distressing accompaniment of the disorder. In some cases this is so strongly marked, and constitutes so large a part of the disease, that Dr. Blundell described it as a distinct form of puerperal fever, under the name of hidrosis. The sweat and the breath are very often accompanied by a sweetish pus-like odour. The sweating of puerperal fever does not diminish the secretion of urine, nor does it abate the quickness of the pulse. An intolerable thirst prevails, and the patient drinks immense quantities of whatever fluid she may be allowed. Dark spots, or ecchymoses appear upon the wrists or other parts of the body. After two or three days, profuse diarrhœa occurs, but though it often appears to be critical in its nature, it brings little or no relief, and the patient is harassed by frequent dejections and vomiting. The lochia are commonly but not invariably suppressed. More frequently, the breasts become flaccid without secretion; but this is not always the case. The pain is often intermittent, even in cases where it is most severe, sometimes giving the attendants and the medical practitioner the hope that it may be of the nature of after-pain. In some of these cases the mind is remarkably clear, until towards the termination of the disorder. One of the most constant and distressing symptoms is tympanites. This comes on more rapidly, the more acute the disease may be, and soon rises to such a height as to interfere with the action of the diaphragm and heart. The patient may, in a few hours, become larger than she was before delivery. Considerable quantities of flatus may be discharged, but no diminution in size is perceptible, the distension appearing to depend on an immense secretion of air by the mucous membrane, with paralysis of the muscular coat. In the course of the disease, obscure symptoms of uterine inflammation, with enlargement of the organ, or of peritonitis, pleuritis, or pneumonia, are met with. When the disease proceeds to a fatal termination, the patient succumbs to exhaustion, the action of the heart becoming more frequent and feeble, congestion of the lungs, or effusion into the pleural or pericardial cavities takes place, and low delirium or coma is present for some time before dissolution. In the rare cases, which terminate favourably, the sweating, purging, or diuresis, appears to relieve the patient, and she slowly recovers from a state of great debility, remaining long afterwards in a condition of extreme debility both of mind and body. In comparatively rare cases, the chief symptoms of the disease are gastric, bilious, and enteritic irritation, but these are amongst the more favourable forms of puerperal disease.

The morbid changes met with after death are very various. In the most rapidly fatal cases nothing has been met with beyond non-coagulability, thinness, and blackness of the blood. The blood in these cases resembles that of persons killed by lightning or hydrocyanic acid. There may be no signs whatever of any local inflammation, or disease of the uterus or other organs. In the less virulent and more protracted cases, purulent infection of the blood has been detected, and pus has been found in the veins and other structures of the uterus. Congestion of the lungs, gangrenous abscess of their organs, or effusions of mixed pus, serum, and lymph into the pleuræ, have been observed. In some cases, spots of ulceration in the stomach and intestines, or purulent collections in the liver and kidneys, are recorded. Abscesses in the omentum have been frequently found, so have effusions of sanious pus and feebly organized lymph in the peritoneal cavity, particularly about the uterus and its appendages. The internal surface of the uterus and the muscular structure have been found softened and in a state approaching to gangrene, particularly the posterior part of the organ.

It has been mentioned that sporadic cases of puerperal disease are sometimes caused by the absorption of sanious lochial discharges, or the decomposition of coagula or portions of retained placenta within the uterus. There is also another mode in which sporadic puerperal fever may occur. There is some peculiarity about the state of constitution which obtains in pregnancy and parturition, tending to assimilate numerous other affections to the puerperal type. It may be seen, that in the case of a healthy pregnant woman attacked with smallpox or scarlatina, before abortion or premature labour is produced, the disease begins to assume the puerperal type. At any other time than after parturition, the presence of putrid matter in the uterus does not excite any great constitutional disturbance, as witnessed in the case of polypi removed by ligature. Any inflammation of the os or cervix excited by a difficult labour, or peritonitis caused in the first instance by the violent contractions of the uterus, has a strong tendency to run into puerperal fever. After the Cæsarean section, the patient suffers from an almost exact likeness of puerperal fever. Dr. Simpson very ably draws a comparison between puerperal and surgical inflammations and fevers, and refers this similarity to the resemblance which exists between the uterus after labour and a wound after a surgical operation. No doubt this is true to a great extent, particularly as regards the occurrence of phlebitis. But there is in the pregnant and parturient woman a state of constitution which predisposes her to the formation of some virus or poison, capable of producing the puerperal type even before delivery, or even before the commencement of labour. This is the case after mechanical injuries of the gravid uterus. It is observed, in cases of peritonitis, pleuritis, or any other visceral inflammation occurring during pregnancy. Before the uterus has been excited to expel its contents, there is an approach to the peculiar puerperal type of disease. If a gravid woman be attacked with erysipelas, she suffers from the symptoms of puerperal fever or inflammation before the birth of the child, and the infant may, when born, be affected with erysipelas, and die within a few hours after birth. Thus, then, it seems capable of demonstration that, apart from the state of the internal surface of the uterus after parturition, and especially that part of it from which the placenta has been separated, there is in the habit and constitution of the gravid woman, some peculiarity which, under numerous circumstances, produces the virus or poison which gives their characteristics to the multiform varieties of puerperal inflammatory and febrile disease. Amongst the predisposing causes of puerperal fever in any of its forms, anxiety of mind and depressing emotions during pregnancy or at the time of labour hold a very prominent place. This is strongly insisted on by Dr. Fleetwood Churchill and many other writers. Undoubtedly this cause is a main agent in the production of some of the sporadic cases of this disease. Dr. Churchill observes: "Several of the worst cases I have seen were mainly attributable to this cause."

In many cases of puerperal fever, peritonitis of a more or less acute form constitutes the chief part of the disease. In some epidemics, inflammation of the peritoneum has been so universal as to give rise to the opinion that peritonitis formed the essence of puerperal fever, and puerperal peritonitis and puerperal fever came to be used as almost synonymous terms. This was very much the state of medical opinion up to the time when Guthrie, Bouillaud, and Dr. David Davis initiated the doctrine of phlebitis and purulent affection of the blood, so ably and laboriously worked out by Dr. Robert Lee. Recent outbreaks of the disease have not manifested the peritonitic type so strongly as previous epidemics, but cases not unfrequently occur, in which the peritoneal disorder is the chief local manifestation of disease.

In puerperal peritonitis, or puerperal fever with peritoneal inflammation, the disease usually commences within two or three days after parturition, and seldom longer than a week after labour. Cases are on record, in which it has commenced before the beginning of labour, or during the course of parturition. I have already referred to the influence of contagion and infection in producing this form of disease. Patients with easy labours, and without a sign of inflammatory disorder, may have puerperal peritonitis as the result of contagion or infection, when exposed to erysipelas, gangrene, or any of the disorders mentioned in connection with the production of puerperal fever. It may also arise from injury of the peritoneum during the course of violent labours, or from exposure to cold. When caused in these modes, it is almost universally converted into the febrile puerperal type. In some cases, it is an extension of disease from the parietes or internal surface of the uterus, and in others it is a result of uterine phlebitis. The disease may involve the whole peritoneal membrane, or it may be localized in the neighbourhood of the uterus, Fallopian tubes, and ovaria.

The symptoms of puerperal peritonitis are generally in stronger relief than the symptoms of any other form of puerperal fever. Tenderness, pain, and exquisite sensibility of the abdomen to the touch, particularly in the neighbourhood of the uterus, is generally observed. Yet pain is not always present. On the contrary, it is entirely wanting in some of the most rapidly fatal cases, and where post-mortem examinations have proved peritonitis to exist. Dr. Ferguson found that out of 173 cases, this symptom was absent in 19. The pulse is invariably rapid, remaining throughout the course of the disease at from 120 to 140. This is the symptom which in every variety of puerperal fever never fails of expressing truly the condition of danger. It has often been remarked, that whatever the other indications may be, the puerperal woman is never safe whose pulse rises steadily above 100. In puerperal peritonitis, the pulse is quick from the termination of labour, and it has been observed that where the disease is threatened, the subsidence of the circulation which is natural after labour does not take place. This rising of the pulse is the earliest symptom of peritoneal inflammation. Before the commencement of pain, rigor or shivering almost invariably occurs. Sometimes it does not amount to more than a prolonged creeping over the surface of the body; at others, it is so marked that the teeth chatter, and the patient asks to be held in bed, so violent is the muscular shuddering. While the rigor is most distressing, the surface of the body is little if at all below the natural standard. The state of the tongue is variable—sometimes red at the edges, with a white streak in the centre, at others coated and red, and sometimes without much decided alteration from the natural state. When the other tissues of the uterus are involved, this organ is swollen, and can be felt distinctly and painfully, until the rising tympanitis disguises it. There are cases in which the uterus attains a very large size, after having contracted subsequent to labour. The tympanitic distension which ensues is often very great, and the swelling of the abdomen is further increased by effusion of sero-pus into the cavity of the peritoneum, when the surface acquires a peculiar doughy or boggy feel. Sickness is very constantly present in this disease, and adds greatly to the suffering of the patient, from the compression of the abdomen by the efforts at vomiting. Dysuria is complained of, and the urine is scanty and high-coloured. As the disease progresses, purging commonly supervenes, the motions becoming dark and offensive towards the last. Throughout, the breathing is short and painful, and cephalalgia is often present. Beyond this, the brain is frequently unaffected until the close of the disease approaches. The physiognomy is from the first distressing and pinched, so as to be almost of itself characteristic of the disease. No one who has ever seen the disease can mistake the indications afforded by the countenance and the pulse. The dark areola surrounding the eyes, the dilated pupil, the glassy surface and bloodless conjunctiva, give a lustrous and unearthly appearance to the eyes in all cases of puerperal fever, whatever the special complication, when the disease is fully formed. Occasionally in this disease there is an appearance of the sudden transference of disease to the pleura, and, more rarely, to the serous membranes of the brain. When the peritoneal inflammation is chiefly limited to the uterus and its appendages, the symptoms are somewhat less severe, and the pain more local, than in general peritonitis, being felt most distinctly in the iliac regions, and sometimes on one side only. With the local peritonitis, there is generally inflammation of the broad ligaments, the sub-peritoneal cellular tissue, the Fallopian tubes, and the ovaria. Suppuration and abscesses sometimes form in these structures, and in the most favourable cases either burst spontaneously on the surface of the lower part of the abdomen or into the vagina or rectum, or they sometimes admit of puncture and artificial evacuation. A fatal result is almost invariable when pus is formed in any considerable quantity upon the peritoneal surface.

The pathological changes consist of effusions of pus or of lymph, rarely so highly organized as after ordinary peritonitis, sero-purulent effusions and abscesses of the surface of the uterus or its appendages, or of the omentum. In many cases, the uterus is found diseased, the inflammatory disorder having extended from the uterus to the peritoneum, or, in some cases, from the peritoneum to the uterus. Softening of the parietes, patches of gangrene, abscesses in the walls, and collections of pus in the veins of the uterus, are met with.

One of the greatest, if not the greatest, advances ever made in the pathology of puerperal fever consists in the knowledge we have obtained, in recent years, of the existence of uterine phlebitis as a very common and destructive form of puerperal disease. The occurrence of uterine phlebitis and suppuration of the veins in isolated cases had long been known, but no other inquiries, as far as I am aware, have at all equalled the researches of Dr. Robert Lee in this particular department, and it is to his extended investigations that we chiefly owe the establishment of the doctrine of uterine phlebitis as it occurs after parturition. Others have, as I believe, with truth, controverted Dr. Lee's views of the entire dependence of puerperal fever upon uterine inflammation and phlebitis, and it may, I think, be shown, that where phlebitis exists, it is, in almost all cases, an expression of constitutional disorder, and especially of a poisoned or diseased state of the blood, rather than an idiopathic disease. The researches of Dr. Ferguson and others prove that puerperal fever may destroy patients before there has been sufficient time for the occurrence of phlebitic inflammation, and that in such cases no pathological changes beyond a diseased state of the blood are met with. Many facts in the history of puerperal fever prove that before the purulent infection of the blood, believed by Scanzoni and others to constitute the essence of the disease, has taken place, changes have occurred in the circulating fluid, which may in some cases destroy the patient long before the suppurating stage has been reached. The experiments of Dr. Mackenzie, and the cases he has collected, show that healthy obstructive inflammation of the veins, the result of simple traumatic injury, does not result in purulent infection of the blood, but that a morbid state of the circulating fluid is necessary to the production of pyæmia.

Uterine phlebitis generally commences on the second, third, or fourth day after labour, with shivering, or rigor, and a marked increase in the quickness of the pulse, which ranges throughout from 110 to 140 and 150. There is usually pain in the hypogastric, or one of the iliac regions, the pain becoming more evident upon deep pressure. There is also pain in the back, or in one or both hips, extending downwards to the thighs. The pain is generally intermittent, and is sometimes absent for many hours. The patient is usually anxious to be quiet, every movement of the body greatly increasing the pain when this symptom is present. But in a considerable number of cases the pain alone is not so considerable as to indicate the dangerous state of the patient, and in some instances it is absent altogether. The lochia may become offensive at the commencement of the disorder; they may be scanty, or they may remain in normal quantity and quality. The mammary secretion is usually suspended; but in some cases it continues until the patient is exhausted by the progress of the disease. The perspiration is very distressing, and constant, and after three or four days from the commencement of the attack, diarrhœa is generally present. At intervals, throughout the course of the disease, violent rigors are felt, which may be supposed to make successive formations of pus, or the commencement of inflammation in other organs beside the uterus. The state of the tongue is very variable, and it may be red and glazed, covered by a creamy fur, or scarcely altered from the natural state. The complexion of the patient is at first little altered, except by the presence of a hectic spot on each cheek. The mind is clear, but the speech and movements of the patient are tremulous. The patient often sleeps tolerably well, and frequently expresses herself as feeling better; but her manner is anxious and trembling, thanking those about her so nervously for the slightest attention, that her state in this respect has often been compared to the incipient stage of puerperal mania. The tympanitic distension of the abdomen is not the least distressing symptom, giving rise to hiccup, vomiting, and greatly interfering with the respiration and the action of the heart.

As the disease progresses, the secondary phenomena of uterine phlebitis and the formation of pus within the veins become evident. The patient complains of pains in some joint or joints; swellings appear in the neighbourhood of the articulations, and erysipelatous blushes appear on the skin in different parts of the body. The hips, knees, shoulders, and elbows are the joints most commonly attacked. Large suppurations in the vicinity of the joints occur, or patches of slough or gangrene form at the sides of the erysipelatous blushes. Sometimes the secondary inflammation attacks the eye, especially the left, leading to rapid destruction of the cornea. These external suppurations, however painful and exhausting, are considered somewhat in the nature of crises, and as giving some faint hopes of recovery. Up to this point, up to the time in fact when external suppuration begins, it is acknowledged by the best authorities that we have no positive signs by which we may be sure of the existence of phlebitis. This is stated with great candour by one of the latest and best writers on the subject, Dr. McClintock, of Dublin. In other cases, the secondary inflammations and suppurations are internal, and attack the lungs, liver, kidneys, omentum, or other organs. These complications are more dangerous than the external secondary abscesses. These phenomena cannot exist without the pyæmia of which they are the results, indicating its constitutional effects. When pus is present in the veins, the inflammatory symptoms subside to a considerable extent, and adynamic or typhoid symptoms manifest themselves. It is necessary, however, to distinguish between the low state of system thus produced and the somewhat similar condition which exists in the first instance, when the puerperal virus is very potent, and before any inflammation or suppuration has progressed in the veins. When patients recover, they slowly struggle through the exhaustion produced by the extensive suppurations, and may remain blind or with anchylosed joints to bear witness to the terrible ordeal through which they have passed. When a fatal result ensues, the patient dies with symptoms very similar to those described when speaking of the adynamic form of puerperal fever, or exhausted by the discharges consequent on the external suppurations.

The tendency of the puerperal and other forms of pyæmia to attack the joints, is a very remarkable feature of this affection. Large effusions of pus and sero-purulent fluid are poured out in the joints affected, and the cartilages are often eroded and destroyed to a remarkable extent. No explanation has been given of the reasons why the joints, the eyes, or the serous membranes should be especially selected. I would suggest the probability, that this selection may depend on the nourishment of parts of the eye, cartilages, and serous membranes, by the non-vascular permeation of the tissues by the liquor sanguinis, as explained by the researches of Mr. Toynbee. The diseased liquor sanguinis, or the liquor puris, in purulent infection of the blood, may easily be supposed to affect especially those tissues of the body in which special provisions exist for their permeation by the colourless parts of the blood. One of the earliest, as well as one of the most graphic descriptions of puerperal affections of the joints we owe to Mr. Coulson, who has described the dissection of numerous cases of this kind.

Besides uterine phlebitis, other forms of puerperal inflammation of the uterus occur. That which affects the lymphatic vessels does not materially differ in symptoms, progress, and termination from phlebitis. Inflammation of the muscular tissue and lining membrane of the uterus is characterized by great disturbance of the nervous system, distressing cephalalgia; and is attended by fever of low type. Occasionally the cerebral symptoms are so intense as to entirely mask the uterine disease. It is ushered in by the same symptoms as regards rigors, acceleration of the pulse, and state of tongue as those which attend the other varieties of puerperal inflammation. Its tendency is to produce softening, suppuration, and gangrene of the substance of the uterus, and it is one of the most fatal of all the puerperal inflammations.

Before speaking of the treatment of puerperal fever in its varied forms, it cannot be too much insisted on that it is a disease, almost above all others, open to *Prevention* rather than *Cure.* The avoidance of injuries of the uterus or vagina in difficult or instrumental labours, the entire removal of the placenta, and the promotion of a free lochial discharge, with the avoidance of the possibility of inoculating or infecting the puerperal woman with any of the poisons which admit of conversion into the puerperal poison, are of the greatest importance in preventing the appearance or extension of this terrible disease. As regards the actual treatment, nothing can be more different than that which has been most successful, or best borne in different epidemics, and at different places and times.

The opposite extremes of puerperal fever —namely, the peritoneal and inflammatory, and the adynamic—are those which most distinctly admit of positive rules of treatment. In puerperal peritonitis, copious venesection, the free use of leeches, mercurials, opium, fomentations and stupes, or warm poultices to the abdomen, counter-irritation, and mild aperients, are the means upon which we must depend. The bleeding must, however, be prompt to be of service, and its extent must be measured by the powers of the patient and the intensity of the disease. A full bleeding to twenty or thirty ounces at the outset of the disease will do more to relieve the patient than any subsequent treatment. She should be bled in the upright position to incipient syncope, and the bleeding should be repeated in a few hours, or the abdomen covered with three or four dozen leeches. At the same time, calomel with opium or Dover's powder, should be given in repeated doses at small intervals, with a view to the production of ptyalism, or mercurial inunction should be resorted to. When general and local bloodletting have been carried as far as the patient will bear, and when the disease continues, a large blister over the abdomen is of great service. In all cases of puerperal peritonitis, there comes a time, unless the patient has been rapidly destroyed, in which stimulants are required, and this time comes much earlier in puerperal than in ordinary peritonitis. It is only in the most acute forms of puerperal peritonitis that such an active plan of treatment as that now indicated is admissible. In peritoneal disorders of a lower type, depletion must be more sparingly employed, and a tonic plan earlier resorted to.

In the most adynamic cases of puerperal fever, a stimulating treatment must be adopted from the first, and wine, brandy, ammonia, and quinine are required. The only antiphlogistic remedy that can be resorted to in such cases is blistering. In milder, or more mixed cases, a small bleeding at the very commencement is sometimes called for, or the application of a few leeches, but as the patient passes rapidly into the low stage of the disease, support and stimulus become necessary. The treatment is little different from that required in marked cases of typhus.

In phlebitis, the employment of bleeding is a vexed question. Some authorities have strongly recommended early bleeding, and others have opposed it, advocating a tonic regimen, and directing all their efforts to the preservation of as healthy a state of the blood as possible. In one instance in this metropolis, bleeding was tried on a large scale in a lying-in hospital, where venesection was performed on the very first approach of the disease, and the mortality was greater than when an opposite plan was adopted. In the present state of our experience in this disease, bleeding appears to be called for at its commencement, when the pain is acute, and the pulse rapid. But this disease is often so insidious, and its progress attended by such remissions, that it is difficult, if not impossible, to decide on bleeding until distinct evidences of pyæmia have appeared, when bleeding becomes injurious rather than otherwise. As soon as this becomes evident, cinchona, nitric acid, chlorate of potash, ether, ammonia, strong animal broths, and wine, are agreed on by all authorities as the best line of treatment. Pain must be allayed by opiates, and the painful joints bathed with opiate embrocations or a chloroform liniment. When collections of matter are evident upon the surface, they should be opened, and it is believed that the external discharge of pus adds somewhat to the chance of recovery. Congestion of the lungs or brain must be met by sinapisms or blisters, and the meteorismus relieved, as far as possible, by carminatives, turpentine enemata, or the introduction of a tube into the intestinal canal. It is impossible to do more than lay down general principles, and indicate the points of treatment, within the scope of a lecture. A patient suffering from the disease now under consideration will tax all the resources and all the vigilance of the most able and painstaking practitioner.—*Lancet*, Nov. 15, 1856.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Substitute for Cod-liver Oil.—Dr. G. P. Camman directs attention (*N. York Journ. Med.*, Jan. 1857) to the oily substance taken from the cavities in the head of the spermaceti whale, known in commerce as the head matter, and which he recommends as preferable to the cod-liver oil, on account of being more agreeable to the taste, leaving a pleasant flavor in the mouth, and also being more nutritive and soothing. It is, he says, less apt to disagree with the stomach, and does not cause offensive eructations. The patient may take it either pure, in coffee, or with bread, boiled rice, potatoes, &c. When required, tr. opii camph. and syr. ferri iod. may be added.

Scarlet Fever.—The editor of the *California State Medical Journal* states, that scarlet fever has prevailed to a terrible extent in some of the counties of California.

It has been, likewise, very prevalent, and in a very malignant form in some of our Eastern cities. In New York, during the week ending on the 17th of January, there were 68 deaths from the disease. In Philadelphia, there were 57 deaths from the disease during the corresponding week, and in Boston 21. During the preceding week, the deaths in Boston, from the disease, were 27.

Medical College of the State of South Carolina.—It is stated (*Charleston Med. Journ.*, Jan. 1857) that this institution continues to prosper. The class in attendance, the present session, exceeds that of any former year—amounting to 234 students.

FOREIGN INTELLIGENCE.

New Anæsthetic—Amylene.—Dr. Snow administered the vapour of amylene, on the 13th of December last, in four surgical operations at King's College. It caused an entire absence of pain in all the cases, although the inhalation was not carried so far as to induce complete coma, the patients appearing to be in a dreaming state during the greater part of the time that the operations were going on. There was a little mental excitement and muscular rigidity in the two men, but not more than frequently takes place under the influence of chloroform; and the recovery from the effects of the vapour was very prompt. Dr. Snow had previously given the amylene in several operations on the teeth, performed in the same hospital by Mr. Samuel Cartwright, the dentist to the institution; and he informed us that he had not yet met with sickness in any case, although most of these latter patients had taken their dinners just before coming to have teeth extracted. Amlyne is made by distilling fusel oil with chloride of zinc. Its composition is 10 atoms of carbon and 10 of hydrogen. It is only two-thirds as heavy as water, and it boils at 102° Fahr. The vapour is much less pungent than that of chloroform, and therefore easier to breathe. This liquid was first described by Cahours about fifteen years ago, but has apparently not attracted much notice. We are not aware that it was ever applied by inhalation till Dr. Snow turned his attention to it a few weeks ago, and he is not yet prepared to say whether he will recommend it for general employment. The amylene he has used was made for him by Mr. Lloyd Bullock. It was administered in all the above cases by means of his usual chloroform inhaler.—*Med. Times and Gaz.*, Dec. 20, 1856.

Origin of Erysipelas.—Dr. Thomson, in his last monthly report of the health of Marylebone, gives the following striking evidence supplied by Dr. Corfe as to the origin of erysipelas: "For several years erysipelas constantly occurred (5 cases within a very brief period) in an accident ward on the ground-floor of the west wing of the Middlesex Hospital, but always on the eastern side of the ward. The ward (Clayton's) is the largest in the hospital, and therefore deficiency of breathing space, a common exciter of erysipelas, was scarcely to be suspected as the cause of the malady. By careful observation it was noticed that the beds most likely to be affected were directly over the common dust-hole of the hospital, which was situated in a vault in the western front area, the effluvia from which escaped and entered the ward by the window. By properly securing the dust-hole the further escape of the noxious exhalations was prevented; but some time afterwards two cases of erysipelas having occurred directly over the vault, it was found that the dust-hole had been accidentally open. Since that period, I am assured that for nearly four years no case of erysipelas has occurred in this ward."—*Ibid.*

The Effects of Tartar Emetic upon the Muscular System while spasmodically affected by Strychnine.—Dr. POWER read a paper on this subject before the Surgical Society of Ireland. He detailed the particulars of a case which occurred under his observation in the summer of 1843, in which strychnine was exhibited in minute doses for a paralytic affection of the extensor muscles of both forearms. The strychnia produced its full effect upon the muscular system, and it was deemed prudent to control it to a certain extent: for this purpose, minute doses of tartar emetic were administered, and in a few hours the spasms became greatly relieved, and at length disappeared. The tartar emetic was therefore discontinued; but after a lapse of twelve hours, during which time there was no tetanic paroxysms, the spasms reappeared, and were again controlled by the antimony. Dr. Power threw out the suggestion, that probably Palmer may have had some knowledge of this effect of tartar emetic, and that he still continued to keep his wretched victim under its influence, both before and all day after the exhibition of the first dose of strychnia, and up to Tuesday evening, until, in fact, within a few hours of the administration of the second dose of strychnia, which caused his death; and that this may have been done with the intention of making or disguising the characteristic spasms.—*Ibid.*

Urea in Pleuritic Effusion in Infants. By Dr. C. HECKER.—The wife of a mechanic, aged 38, applied on account of supposed labour-pains, on July 24, she expecting in the middle of August. For some weeks past, the lower extremities had been œdematous, and the urine contained enormous quantities of albumen. In other respects she was tolerably well, and able to attend to her household duties. On the 30th of July, pneumonic infiltration of the right lung occurred, and the next night rapid delivery took place, without any sign of eclampsia. The child was stillborn, owing to the funis twisting around its neck. The usual appearances seen in stillborn children were observed, especially numerous ecchymoses in the lungs and heart; and the pleural cavities contained an abnormal amount of fluid, without any disease of the pleura being observable. This fluid, which might amount to about two ounces, contained a considerable quantity of urea, crystals of this substance being exhibited under the microscope both in its pure state and in its combinations with the nitrates and oxalates. The mother died of pneumonia the 9th of August. In relation to the presence of urea in the pleuritic exudation in children, Dr. Hecker mentions the case of an infant born September 8, and dying early in October. The left pleura contained three or four ounces of fluid, which furnished crystals of nitrate of urea. There was no accumulation on the right side.—*Med. Times and Gaz.*, Jan. 3, from *Virchow's Archiv.*

Galactorrhœa.—An interesting case of galactorrhœa recently came under M. GUENEAU DE MUSSY's care. A woman, aged 20, previously in excellent health, was confined with her first child. The secretion of milk was so abundant that she was able to suckle two children besides her own; and after awhile, it flowed away without suction, and inflammation, with abscess, followed. This was relieved, but the breast continued to increase in size; and although the woman had given up suckling, the milk flowed away for some time at the rate of twelve pints per diem. When first seen by the author, several months after her delivery, the daily discharge of milk still amounted to seven pints in the twenty-four hours, and the gland was hard, irregular, and painful to the touch. The woman was feverish and very thirsty, and much wasted. He ordered cherry-stalk water, containing some bicarbonate of soda, as a drink, and one of the following pills twice a day: Proto-iodide of iron, iron filings, āā gr. xxx, in pil. 20. Besides these, there were ordered twelve sulphureous baths, cold applications to the breast, and general frictions by means of a flesh-brush. This treatment was followed with exactitude, and the woman was quite well in a month.—*Ibid.*, from *Gaz. des Hôp.*

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Rheumatic Tenosynitis.—M. Chassaignac considers that rheumatic inflammation of the tendons is an affection that has not as yet been sufficiently studied. The patient who elicited these remarks recently entered the hospital on account of a rheumatic hydrarthrosis of the right knee, having already suffered from several attacks of rheumatism; so that there could be no doubt of the diathesis being present. There was observed, also, in this patient, on his admission, a painful hypertrophy of the tendo-Achillis on each side. It was not an example of the affection which Velpeau has termed crepitating tenosynitis, and which consists in an inflammation of the sheath of the tendon, and is characterized by a serous effusion, accompanied by a kind of cracking analogous to that which is heard on pressing starch or hardened snow between the fingers. Here it is an affection of the tendon itself; for, on the one hand, the tendo-Achillis has no synovial sheath, and the thickening can only arise from a modification of its proper tissue; and, on the other hand, the hardness was such in this case as could only arise from an increase of size exclusively due to the tendon. The induration proceeded from below upwards, and at one period, the upper part of each tendon having become inflamed, it could be felt hard and tender, as could the foliaceous prolongations it sends among the muscles of the calf—prolongations that could be easily perceived by simple palpation. The induration was attacked by vapour douches, and through their agency the movements, which were at first painful and difficult, have become more free, while the tendons have been rendered more supple, and the hypertrophy has diminished.—*Ibid.*, from *Moniteur des Hôp.*

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Iodine in Dysentery.—Dr. Palm states that during an epidemic of dysentery, when other means had failed, very effectual relief to the distressing tenesmus was given by the following enema: Iod. ℈½, iod. pot. ℈j, in ℥ij of some slimy vehicle, employed once or twice a day for two or three days; half the quantities being used for children.—*Ibid.*, from *Schmidt's Jahrb.*

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Tannin and Glycerine in Fissure of Anus.—Dr. Van Holsbeck, considering the contraction of the sphincter as the effect and not the cause of fissure of the anus, directs his attention to the latter. He has treated with success several cases in which the fissure has persisted after the division of the sphincter by means of the following application: glycerine, 16, tannin, 1. A more or less voluminous tent is dipped into this, and introduced into the rectum night and morning; and after awhile, the patient can do this for himself. It acts both by the topical influence it exerts upon the fissure, and by its compression (its size being increased) at will, upon the constriction. In order to prevent a relapse, great care must be taken to obviate the occurrence of constipation for the future.—*Med. Times and Gaz.*, Jan. 3, 1857, from *Union Med.*, No. 142.

Distinctive Tests of some of the Varieties of Albumen.—The following remarks are extracted and condensed from a valuable series of chemical tables compiled by T. J. Herapath, which are being published in the *Chemist:*—

All forms of albumen contain nitrogen and sulphur, are soluble in a hot solution of caustic potash, and then blacken the salts of lead; heated with a solution of subnitrate of mercury to 140 deg.—160 deg. they acquire a deep red colour.

1st. *Albumine* is coagulated by boiling, but more readily on the addition of dilute nitric or hydrochloric acid. There are two varieties of it: the first, ovalbumine, the white of egg, is distinguished by its coagulating with ether, and by acetic acid and heat, remaining so at all temperatures; the second, or seralbumine (of blood serum), is not coagulated by ether, and the precipitate with acetic acid only appears on cooling the solution, and redissolves on the application of heat.

2d. *Emulsin*, obtained from the kernels of almonds, and certain species of *pyrus*, is distinguished by precipitating with ordinary phosphoric acid, whereas ordinary albumen precipitates only with the metaphosphoric acid.

3d. *Fibrin*, distinguished by its power of spontaneously coagulating.

4th. *Caseine*, or *legumine*, obtained from milk, vegetable juices, the seeds of the *leguminosæ*, &c.; it is distinguished from fibrin and albumen by its not coagulating either spontaneously or by heat, and by forming a pellicle, when its solution is evaporated. It is coagulated by dilute acids, which are unable to coagulate albumen.

5th. *Pepsin*, contained in the juices of the stomach. When digested with flesh, &c., at a temperature of 98 deg., it causes the flesh to become soluble in water. It is distinguished from albumen by its solution being precipitated by dilute acids, the precipitate redissolving in excess; and from caseine, by its acid solution not being precipitated by prussiate of potash.

6th. *Hæmatosine.* Its aqueous solution is brownish, and on boiling it deposits a brown sediment, readily dissolving in alkaline solutions with a brown colour.—*Chemist*, No. XXIX.

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Boron.—Not content with the discovery of Aluminium, and its application to useful purposes, WOHLER and DEVILLE have just succeeded in obtaining Boron in a crystalline form. This substance resembles silicon in many respects, and may be looked upon as intermediate between carbon and silicon. The crystals are extremely brilliant; their refractive power is equalled only by the diamond; and it is supposed that our chemists will now be able to prepare a fictitious or boron diamond, which no one but a chemist can detect from the genuine or carbon diamond.—*Ibid.*

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Water Hygiene.—"The tanks for water in India are covered with a green weed," says the *Indian Annals of Medical Science*, for May, "and this at the same time that it imparts a greenish hue to the water, possesses a remarkable power of filtering it, and rendering it sapid and wholesome; for where you have this green weed, you also find small fish and infusoria, which preserve the water also. Sir Charles Napier, inspecting the hill districts of the Punjaub, observing the Bheestees drawing water from one of these tanks, ordered it to be immediately cleaned, and the authorities fearing to remonstrate, the mandate was obeyed. The result was that the water soon turned putrid, and it was not till a fresh crop of duck weed had grown that it became clean and drinkable." When marshes cannot be drained, the best prophylactic of fevers is to plant the marshes with aquatic plants, and such trees as alders and poplars.—*Ibid.*

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Extra Fingers and Toes.—Dr. BERNHARDI had already published an account of a woman who gave birth to a boy in 1851, and to a girl in 1854, each having twelve toes and twelve fingers. This year she has again had a girl also with twelve toes and fingers. The extra fingers have the same direction as the others; but as there is no metacarpal bone, they are articulated with the little fingers. The toes have metatarsal bones.—*Ibid.*, from *Berlin Med. Zeitung*, No. 31.

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Medical Journals in Russia.—There are four medical periodicals in Russia: the *Medicinische Zeitung Russlands* (Russian Medical Times), edited in German by Drs. Heine, Krebel, and Thielmann; the *Gesundheitsfreund* (Friend of Health), edited in Russian by Dr. Eugene Pelikan, and containing original communications and selections from foreign works; the *Zeitschrift für Militair-Medicin* (Journal of Military Medicine), edited in Russian under the direction of Dr. Eugene Pelikan and Dr. Tschitsowitsch, professor-adjoint of the Medico-Chirurgical College in St. Petersburgh; and, lastly, the *Moskow Medical Journal*, edited by Professor Polownin. The *Journal of Military Medicine* appears four times yearly, in octavo, in an edition of four thousand copies; it is extensively circulated to all military surgeons in Russia, at the very moderate price of three silver roubles (about 13*s.* 6*d.*). It contains original contributions, mostly supplied by the professors in the Russian universities and in the medico-chirurgical school at St. Petersburgh, and also by military surgeons, as well as translations of monographs of excellence by German, French, and English surgeons. The original articles are by Pirogoff, Pelikan, Zablotzky, Kieter, Tschitsowitsch, and Platanoff, in St. Petersburgh; by Hubenet and Mazonn, in Kiew, etc. Among the selections from foreign authors, are Nélaton's *Elements of Surgical Pathology*, Forget on *Diseases of the Heart*, Valentin's *Physiology*, Becquerel on *Hygiène*, Zehetmayer on *Auscultation and Percussion*, Clarus and Williams on *Diseases of the Heart*, Oscar Heyfelder on *False Passages*, J. F. Heyfelder on *Resections and Amputations*, etc.; as well as translations from the smaller works of Kölliker, Rochow, Luschka, Vierordt, Frerichs, Henle, etc.—*Ibid.*, from *Deutsche Klinik*, August 2, 1856.

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School of Physic in Ireland.—At a meeting of the King and Queen's College of Physicians in Ireland, held Nov. 15th, Dr. CHURCHILL was unanimously elected Professor of Midwifery in the room of Dr. Montgomery, resigned.

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Royal College of Physicians.—Dr. THOS. MAYO has been elected President, in the place of the late Dr. Paris.

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Medical Students.—It is stated that fewer students than usual have entered in Edinburgh the present session; the same may be said with regard to London, where the total number of students amounts to 1,080. —*Assoc. Med. Journ.*, Dec. 20.

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Maternité.—M. DANYAU has been promoted to the office of Chief Surgeon to this hospital, in the place of M. Paul Dubois, who retires on account of age.

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Academy of Medicine.—M. NELATON has been elected a member by a very flattering vote; 60 out of 78 members having voted for him.

M. Poggiale has been elected into the section of Pharmacy, after a close contest.

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Fee to M. Paul Dubois.—There has been much speculation as to the amount paid to M. P. DUBOIS for delivering the Empress of the French. From a paper published in Paris as to the expenses of the Emperor last year, it appears that M. Dubois received nearly fourteen thousand dollars.

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Dr. Southwood Smith.—A private meeting of noblemen and gentlemen has recently been held at Lord Shaftesbury's residence, to consider the best mode of testifying their personal esteem for Dr. SOUTHWOOD SMITH. The mode adopted was, to present a bust of Dr. Smith to some public institution, as a memorial of his services in promoting that course of legislative reform which has laid the basis of an administration to guard and improve the public health; the bust to be executed by Mr. Hart, the eminent American sculptor.—*Med. Times and Gaz.*, Jan. 3, 1857.

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Cooley Trade.—A British merchant vessel, the Duke of Portland, carrying Chinese passengers between Hong Kong and the Havannah, lost 132 Chinese on the passage. What are the horrors of the middle passage in slavers to this? The facts came out at a police court this week, and we trust will lead to further investigation, and more stringent enforcement of the Merchant Shipping act. Well might the magistrate say: "The English flag is disgraced by such traffic." The causes of death were entered in the log as "fever" and "exhaustion." Probably "scurvy" and "starvation" would have been nearer the truth. —*Med. Times and Gaz.*, Jan. 10, 1857.

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Accidental Poisoning.—We noticed last week a case of accidental poisoning by prussic acid. It appears that a druggist's assistant was making up a prescription for a lotion containing prussic acid, and serving castor oil at the same time, and that he put the prussic acid into the castor oil bottle instead of that containing the lotion. Prussic acid was detected in the remains of the castor oil, and in the stomach of the deceased, by Mr. Rodgers; and a verdict of manslaughter has been returned against the druggist's assistant, who has been committed for trial.—*Ibid.*

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Disease in Cavalry Horses.—A letter from Poonah informs us that a very extraordinary disease has attacked the horses of the 14th Dragoons. It resembles the cholera in all respects. Many of the animals are violently purged in the first instance; others are seized with cramp, and die without being purged.

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OBITUARY RECORD.—Died in London, Dec. 24th, in the 72d year of his age, JOHN AYRTON PARIS, M. D., Cantab., President of the Royal College of Physicians, Vice President of the Royal Society, &c. &c. &c.

—— in London, Jan. 2, in the 79th year of his age, Dr. ANDREW URE, F. R. S., one of the most eminent chemists of the present day.

THE MEDICAL NEWS AND LIBRARY.

VOL. XV. MARCH, 1857. No. 171.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Hospitol Statistics in reference to Rates of Mortality after and before the Introduction of Chloroform.—The statements recently made by Dr. Arnott, respecting the high rate of mortality after operations under chloroform, have appeared of sufficient importance to the surgeons of St. Bartholomew's Hospital to lead Mr. HOLMES COOTE (wishing to meet the matter with facts rather than with opinions) to state the result of an examination of the hospital books.

Chloroform is at present administered at St. Bartholomew's with a frequency which must cause any exceptional circumstances to be at once perceptible in the annual returns of deaths. Under the effect of chloroform, contracted limbs are rendered straight, painful tumours and dislocations are examined, and patients are sounded for stone; nævi in infants are tied or burnt, and a host of such minor operations of every sort are performed; strangulated herniæ are examined, and dozens of cases of inguinal hernia, in particular, are returned without operation. It would be as difficult to decide, in fact, how many times chloroform is administered during the year, as to say how many abscesses are opened: it constitutes, in a word, as common an occurrence in hospitals as any of these accidents; and its use is becoming every year more and more common, and, we believe, less and less dangerous.

What has been the effect of chloroform upon the rate of mortality? Mr. Coote, we believe, was one of the first who applied sulphuric ether for Mr. Lawrence in 1846; while the practice of anæsthetics did not come into any sort of general use till 1848. He has contrasted the returns of 1845–7 with those of the recent years, 1854–6, when chloroform, as just stated, is all but universally used in all the operations, not alone of St. Bartholomew's, but of all the large hospitals.

Published monthly by BLANCHARD & LEA, Philadelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage.*
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Number of Medical and Surgical Cases admitted into St. Bartholomew's Hospital.

Date.	Admissions.	Deaths.	Average deaths.
1845–6 . . .	5419	356	1 in 15.22
1846–7 . . .	5831	382	1 in 15.22
Total of two years	11250	738	1 in 15.22
1854–5 . . .	6439	633	1 in 10.17
1855–6 . . .	6020	559	1 in 10.76
Total of two years	12459	1192	1 in 10.45

It may be objected to these figures, that they comprise both medical and surgical returns, of which the former have little or nothing to do with any supposed results from chloroform. Let us, therefore, take the list of surgical cases, with the proportion of deaths, apart from those admitted under the care of the physicians.

Number of Surgical Cases admitted into St. Bartholomew's Hospital.

Date.	Admissions.	Deaths.	Average deaths.
1845–6 . . .	2762	152	1 in 18.17
1846–7 . . .	2830	145	1 in 19.51
Total of two years	5592	297	1 in 18.82
1854–5 . . .	2990	165	1 in 18.12
1855–6 . . .	2972	200	1 in 14.95
Total of two years	5962	365	1 in 16.33

It must not be imagined that surgical operations have diminished in frequency; on the contrary, since 1845, they have nearly doubled.

In 1845–6, the number was 132.

In 1855–6, the number was 260.

The reason of this, we believe, is obvious; that now, under chloroform, patients submit more readily to the operating knife, whereas in former years many died unrelieved.

The proportion of serious operations during the past year has been quite as great as in former years; perhaps more so, because long and difficult dissections have been performed, which might have been deemed too severe and painful for the patient to support under other circumstances. One surgeon at St. Bartholomew's performed, during the years 1845–7, 21 amputations; and during the years 1854–6, 18 amputations. Another performed, during the years 1845–7, 4 amputations; and between 1854–6, 20 amputations. Thus the numbers were: for the first two years, 25; and for the second, 38.

Every case of immediate death following the administration of chloroform would be carefully recorded and published, as being of far too great practical importance to be let drop. Every such accident in St. Bartholomew's Hospital has already appeared in the public journals. As regards deaths ensuing from later consequences, such as pyæmia, Mr. Coote says that he sees no connection established between such phenomena and the use of chloroform; at all events, none is at present proved. He considers, without being immediately possessed of accurate data, that deaths from purulent deposits in St. Bartholomew's Hospital are most frequently recorded in cases where there had been neither the administration of chloroform nor any surgical operation; indeed, we recently gave a case of pyæmia for which no obvious cause could be assigned.

It need scarcely be remarked, that, during operations, the insensibility from anæsthetics, like the infliction of pain, can be endured with safety by the patient only for a limited time; therefore, when the preliminary effects of chloroform have been produced, the surgeon should be quite prepared, without a word or observation either from himself or others, without a pause in determining the position of his patient, or the nature of his proceedings, to commence his part of the duty on the instant, and to complete it with all due speed. Neglect of such common attentions frequently renders necessary the inhalation of a far larger amount of chloroform; and the patients may suffer on account of the quantity inhaled, although fatal results have in most instances ensued during the first few minutes of the administration.

It may be observed that, since the year 1846, when Mr. Lawrence extirpated the globe of the eye from a gentleman under the influence of sulphuric ether, to the period when he tried chloric ether, and up to our later dates, when chloroform and amylene have superseded the two preceding, Mr. Coote has administered anæsthetics himself, as well as seen them administered, both in public and in private practice, to a considerable extent; and, although circumstances have, upon three or four occasions, made him anxious for some minutes (such as a state of deep syncope and almost collapse on the patient's part), he has never yet seen a case in which he could refer the patient's death to the administration of any anæsthetic now in use, although a few well authenticated fatal cases have been recorded in the practice of others.

In some hospitals, it may be remembered, chloroform is scarcely ever or never used; thus, Mr. Salmon, at St. Mark's Hospital, has an instinctive fear of chloroform, and has performed 4,000 operations there without chloroform; and, what we deem of far greater moment, without one case of pyæmia or erysipelas. Mr. Quain objects to chloroform at University College Hospital; and at the Ophthalmic Hospital, Moorfields, thousands of operations are done, by preference, without chloroform.

As any facts connected with the statistics of large hospitals, however imperfect, often contain points of interest, the following further report may be instructive as to operations *en masse* at St. Bartholomew's Hospital.

Since 1845 (just before the introduction of chloroform as an anæsthetic), surgical operations have been gradually on the increase. From August, 1845, to August, 1846, there were 127 cases recorded in a book kept with great accuracy by an officer (Mr. Morris), appointed specially for that duty. From August, 1845, to August, 1856, just ten years interval, there were 264, or more than twice the number recorded. In the three years commencing August, 1845, and terminating August, 1848, there were 384 operations performed in the hospital. In the three years commencing August, 1853, and terminating August, 1856, there were 679 operations. These do not include the minor operations, such as those done in the wards, the out-patient rooms, or the casualty, but refer solely to cases brought into the operating theatre.

The reason of this increase appears to be, that many operations previously regarded as too fearful are now recommended, and performed with safety, the patient being under the influence of chloroform; for example, the forcible extension of contracted limbs, the excision of the articular extremities of bones in diseased joints, the removal of large tumours requiring a tedious and difficult dissection. It appears that amputations have rather diminished in proportion to the increased number of cases; many a limb is now preserved which would have been condemned in former times.

The average number of the more important operations performed yearly by each senior surgeon is 40; that of the same class of operations performed by each assistant-surgeon, 19. Consequently, in each of the four great divisions of the hospital, on an average, 59 operations of the severer kind are performed annually. But the numbers are not the same in each division: thus, in one, there were 69 operations in one year; in another, only 40. In the division to which Mr. Coote is attached, the number was less than it would have been, in consequence of his being absent on duty one-half the present year in the British hospitals in Turkey.

During the year ending August, 1856, 32 cases of strangulated hernia were operated upon. We do not believe they have suffered from chloroform. Of amputations, the number was 43. The operation was performed at the upper arm only thrice; at the thigh, seven times; at the forearm, five times; at the leg, ten times. Fifteen amputations of all kinds were performed on the hand, but only three on the foot. The lower extremity is much more liable to diseases requiring amputation; but of all parts, the hand and forearm are the most exposed to accident.

These facts agree to a certain extent with what we see every year after operations at Guy's, St. Thomas's, the London Hospital, and other large institutions like these. We believe there is more secondary hemorrhage after chloroform than twenty years ago; and if we can trace the prevalence of pyæmia to any causes more than others, they are overcrowding in London hospitals, and certain epidemic or meteorological alterations occasiaonlly in the atmosphere of London and all large cities with which we are now familiar.

As a matter of curiosity and comparison, we here subjoin the analogous returns from Guy's Hospital. The similarity, nay, almost the identity of the results, is somewhat striking. In other numbers of the *Association Journal*, it has been shown that, with "all appliances and means to boot" of modern surgery, as compared in the statistics of actual surgical operations in the late Crimean war and Mr. Guthrie's statistics after Waterloo, the rates of mortality since 1815 have remained nearly the same.

Number of Surgical Cases admitted into Guy's Hospital.

Date.	Admissions.	Deaths.	Average deaths.
1845 .	2029	121	1 in 16.76
1854 .	2709	157	1 in 17.25

We have in no way picked these years out. The books are kept differently at each of these institutions; but the preceding figures give a general idea of the statistics of the two largest hospitals in London, before and after chloroform; and, as far as about 10,000 surgical cases may form an impression, one-half before and one-half succeeding the introduction of anæsthetics, the figures vary a little rather in favour of chloroform at Guy's, and against it in St. Bartholomew's Hospital.

The recent statistics of Professor Simpson are very interesting; but they only show 6 patients in 100 as saved by chloroform; so that, with the well-known leanings of Dr. Arnott on one side, and Professor Simpson on the other, we may dismiss chloroform from our consideration as a primary cause of death after operations. What its effect may be in inducing nervous symptoms, headache, secondary hemorrhage, and, through hemorrhage, debility, and pyæmia, must remain still *sub judice.*

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Ligature of the External Iliac Artery.—Mr. Hilton has recently dismissed from Guy's Hospital, a man for whom, some four months ago, he performed ligature of the external iliac, on account of aneurism of the femoral extending nearly up to Poupart's ligament. The recovery was complete, the wound being soundly healed, and the tumour solid. It had, indeed, been throughout quite satisfactory, excepting some slowness in healing, and, at one period, a tendency to sloughing on the part of the wound. There had never been any inconvenience as regards the circulation in the limb. This case makes the fifth ligature of the external iliac which has been performed in the London hospitals during the last three years, and of these four have been successful. The operators have been: Mr. Skey, once; Mr. Solly, once; Mr. Hilton, once; and Mr. Fergusson, twice. The fatal case was one of those under the care of Mr. Fergusson, and in which unusual difficulties attended the operation on account of the inflammation of glands, cellular tissue, &c., surrounding the vessel. The patient died of pleurisy. In all the cases the patients were men, and in fair health, the disease being aneurism of the femoral. The proportion of deaths is exactly that shown in the collection of cases made by Dr. Crisp in his Jacksonian Prize Essay on Diseases of Arteries, who gives 45 cases, and 9 deaths, or exactly 1 in 5. It must be remembered, however, that Dr. Crisp's statement has no claim to be trusted as statistical, since it is made from published cases, whilst it is well known that successful ones find their way into print much more readily than those ending fatally. Still, there can, we think, be little doubt but that ligature of the external iliac is a much less dangerous operation than is generally supposed. —*Med. Times and Gaz.*, Jan. 24, 1857.

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Varicose Veins treated by Needles and Subcutaneous Section.—Those students who follow the practice of Mr. Erichsen, at University College Hospital, must have seen him treat varicose veins, we may say, scores of times, by passing pins under the veins, and then applying a figure of 8 suture over them, generally in three places. This produces obliteration of the vein, and some days later the vein is divided subcutaneously, and in three or four days the cure is complete. This was repeated, last Wednesday, on a young woman with this condition of the veins of the left leg. At King's College Hospital, a few days back, we saw a case treated by Mr. Henry Lee in the same manner. He passed the pins under the veins on the 7th inst., on the 10th he divided the veins subcutaneously, on the 11th he removed the pins, and on the 17th the patient went out well. The subdivision of the veins after obliteration, is a process for which the profession is solely indebted to Mr. Lee as the first to recommend it, and the advantages of such a proceeding cannot but strike the most superficial observer. Mr. Erichsen's practice in these cases differs from Mr. Lee's in that he removes the pins altogether when he divides the vein between them. We do not recollect any single instance, in the large number which we have seen treated, of any bad effects following this plan of treatment. The great secret in the success is to avoid puncturing the vein, and this is effected by lifting it up, and passing the pin well under it.—*Lancet*, Jan. 31, 1857.

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Vapour of Amylene in Midwifery.—This substance is getting a fair trial at several of the London hospitals; but a positive opinion has not as yet been pronounced upon its merits at any other than at King's College Hospital, for the present, where Dr. Snow himself has so ably administered it. There is one thing that should be remembered when giving it, and that is, to use an inhaler, and not a mere piece of lint. How well soever this may occasionally answer with chloroform, it does not do so well with amylene. It has already been used in midwifery practice, by Dr. Tyler Smith, with the most satisfactory results. He has observed to us, that he administered it on a folded towel, to the extent of about thirty, forty, or fifty drops at a time, on the coming on of each pain. It produced rapidly a state of insensibility to pain, the uterine contractions remaining undiminished in force and frequency. The recovery of sensibility after pain was over, and the towel removed, was always almost instantaneous. At the time of the birth of the child, the insensibility was as complete as though chloroform had been used. The placenta was detached, and came away readily, and the uterus afterwards contracted well. The pulse was found to be little, if at all affected, the child was vigorous and healthy, and did not seem at all influenced by the anæsthetic. Dr. Tyler Smith thinks the advantages, as compared with chloroform, in midwifery, would seem to be the suddenness of its influence and its asserted safety, and the rapid disappearance of the insensibility after the amylene is withdrawn. The only disadvantages he could perceive, are the pungent smell and the large quantity consumed. As many questions have been asked as to its probable effects in midwifery practice, we hope the above information will prove useful.—*Lancet*, Jan. 31, 1857.

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Clinical Lecture on Amussat's Operation. By John Erichsen, Esq., Professor of Surgery in University College, &c.—*Gentlemen :* I wish to direct your attention to-day to the case in which I last week opened the descending colon in the left lumbar region, and which, though it has not terminated so satisfactorily as we could have wished, affords me an opportunity of bringing some points connected with the operation usually called *Amussat's*, under your observation.

Before proceeding to detail the case in which I have lately operated, I think it well to make a few remarks on the general subject of the operation itself—the principle on which it is founded, the anatomy of the parts concerned, and the cases requiring it.

1. The principle on which Amussat's operation is founded, is very simple. It is to establish an artificial anus without wounding the peritoneum, by opening the posterior third of the descending colon in the left lumbar region, where that portion of the gut has no serous investment. In this respect, Amussat's operation resembles that of puncturing the bladder above the pubes, or behind the prostate, the surgeon opening the viscus in situations where it is not covered by peritoneum. Before Amussat applied this principle to the colon, surgeons had, in cases of intestinal obstruction, been in the habit of following an operation proposed by, and named after, Littré, which consisted in making an incision in the left iliac fossa, through the peritoneum, drawing forward a knuckle of intestine, opening and fixing it to the edges of the wound in the integuments. Such a procedure as this was so fraught with danger from the peritonitis that of necessity ensued, that few had the hardihood to undertake it, but preferred letting their patients die the most horrible of all deaths—that from intestinal obstruction—rather than submit them to so hazardous an operation. Whilst attending the celebrated physician, Broussais, for cancer of the rectum, of which he died, Amussat states that he was led to reflect on the standard resources offered by surgery in such cases, and was led, by the inquiries that he had then instituted, to the conclusion that the proposal made more than half a century back, by Callisen, of Copenhagen, of opening the left lumbar colon, behind the peritoneum, was a feasible one, and should be adopted. You will observe that, in the introduction of this operation, as in so many other improvements in our profession, and in practical science generally, the sole merit did not lie with one originator, but the proposition of one is put in practice by another. Callisen proposed the operation on theoretical grounds, but attempting its performance on the dead subject, found the difficulties to be so great that he abandoned it. Amussat here took it up, investigated the matter afresh, put it in practice on the living subject, and thus established it as a most important addition to the means that the surgeon has at his disposal for the relief of otherwise intractable disease.

2. The anatomy of the parts concerned, and the steps of the operation, must next engage our attention. The point of most importance is the relation of the descending colon to the peritoneum in the left lumbar region. In order to study this, you should dissect the body from *behind.* In an ordinary dissection, or in a dead-house examination, the body being opened from the

front, the colon is drawn forwards, and thus a distinct and somewhat elongated mesocolon will be formed in the left lumbar region. But this mesocolon is in a great measure formed by the traction of the dissector tearing off the reflexions of the peritoneum in the lumbar region, and does not naturally exist, as will be seen on making the dissection from behind, when the posterior third of the descending colon will be found lying closely against the cellulo-adipose layers that line the abdominal wall in this situation. It will be seen to be uncovered by peritoneum, and to have no loose or floating mesocolon; but the serous reflexion will be found to be closely applied to the wall of the abdomen on each side of the gut. It is, however, very important to observe, that the extent of gut that is uncovered by peritoneum, will vary according as the colon is contracted or distended. When empty and contracted, the peritoneal reflexions come into very close apposition, and nearly overlay the naked portion of gut; but when this is distended they are pushed aside, as it were, and a broad expanse of colon will be seen to be uncovered by peritoneum. The facility of exposing the uncovered part of the colon, without wounding the peritoneum, will be in the exact relation of its amount of distension.

The region in which the operation is performed, is bounded above by the last false rib; below, by the crest of the ilium; behind, by the lumbar spine; and in front, by an imaginary mesial lateral line. In this oblong quadrilateral space, a horizontal incision should be made, commencing two fingers' breadth to the left side of the spinous processes of the lumbar vertebræ, and carried horizontally outwards for about four inches midway between the last rib and the crest of the ilium. After the integumental layers are divided, the anterior edge of the latissimus dorsi, and the posterior part of the abdominal muscles, are successively divided. The dissection is carried down through these, until the transversalis fascia is reached; the anterior and middle lamellæ of this are opened, and the edge of the quadratus lumborum exposed. The real difficulties of the operation now commence; the surgeon having to dissect carefully through layers of cellulo-adipose tissue which lie in front of the abdominal wall, and which cover in the colon and the contiguous reflexions of peritoneum. If the gut is distended, this tissue will be pushed well aside, and the intestine may easily be reached; but if it be contracted and empty, it will be found to recede somewhat from the surface, to lie at a great depth, and to be almost overlapped by the reflexions of the peritoneum, to avoid wounding which requires the greatest care. It is also covered in by a quantity of loose, cellulo-adipose tissue, which, as it rises and falls with the respiratory movements, presents a considerable resemblance to the peristaltic motions of the small intestine, for which it may be at first mistaken. After having worked his way through this tissue, the colon will be exposed towards the outer angle of the wound. This gut can at once be recognized from any other structure by its grayish-green hue, the longitudinal striæ on its posterior surface, and its thicker feel. When exposed, a needle, carrying a strong whipcord, should be passed through it in a vertical direction, and the gut being thus drawn to the surface, may be properly opened and stitched to the edges of the wound.

Commonly, the colon will be found lying vertically across the wound in a line corresponding to the outer edge of the quadratus lumborum, and the "directing line" to it may be said to be the line of aponeurotic structure, formed by the puncture of the two lamellæ of the transversalis fascia that constitute the sheath of the quadratus, and which may readily be distinguished, by its colour, from the muscular structures across which it lies, as it traverses the incision in a perpendicular direction. Below this, the colon, when distended, will always be found; but, when contracted, it retreats beneath the quadratus, and the anterior edge of this muscle must be divided before it can be exposed.

There is one caution I have to give you about opening the colon. It is that the gut should be well drawn forwards before it is punctured fully on a level with the skin, in order that its contents may not be extravasated into the loose cellular tissue around it, and, when opened, the edge of the aperture must be stitched to those of the incisions in the skin.

3. The next point that we have to consider is the class of cases in which this operation is required. These are threefold—1st, feculent distension supervening in obstruction of the rectum or sigmoid flexure of the colon, or arising from the pressure of tumours, the

blocking up of the gut by cancerous disease, or the gradual closure of a stricture; 2dly, for congenital absence of the rectum; and 3dly, for the relief of pain in ulcerated cancer of the rectum. Thus you will observe that the operation may be performed on two different principles—first, for the relief of intestinal obstruction, by affording a vent to the pent-up intestinal contents, where the lower portion of the intestinal tube is blocked up, or is congenitally absent; and secondly, on a totally different principle, in cases in which there is no retention of feces, but in which the patient is worn out by the agonizing suffering induced by the passage of the feculent matters over the raw and ulcerated surface of a cancerous rectum. In these cases, defecation is a horrible torture, the pain of which is dreaded by the patient, in consequence of which he defers the act as long as possible, and, when it does take place, the suffering induced is such, that for hours afterwards he will lie in an exhausted state. The constant recurrence of such suffering speedily wears out the strongest frame, and the passage of the feculent matters through the ulcerated rectum stimulates the activity of the cancerous disease, which thus makes more rapid and extensive ravages than it otherwise would, and thus hastens the fatal termination of the case.

(1). I will not dwell, at present, on the performance of Amussat's operation in cases of intestinal obstruction; but I may remind you that it is of course only in the *chronic* form of the disease that it is applicable. *Acute* intestinal obstruction almost invariably proceeds from internal strangulation or intussusception of the *small* intestine, and here of course the procedure that we are now discussing can afford no relief; but *chronic* intestinal obstruction is almost invariably—I believe, invariably—dependent on disease implicating the large intestine, and such disease is, in the vast majority of instances, seated below the descending colon, at the upper part of the rectum, or in the sigmoid flexure. When such is the case, the opening of the colon in the left lumbar region will afford the required relief. In these instances, the operation is comparatively easy; the gut is enormously distended, presses forcibly against the posterior abdominal wall, and pushes widely aside the lateral reflexions of peritoneum, so as to leave a large surface uncovered by serous membrane. I was present, many years ago, at the first operation of this kind that M. Amussat performed, and I shall never forget the immense rush of flatus and feces that took place, and the instantaneous relief that ensued when the gut was punctured, the obstruction having lasted more than forty days. In cases such as these, some surgeons prefer opening the cæcum in the right lumbar region; but as the transverse colon is very rarely, if ever, the seat of the stricture, I cannot see any advantage in departing from the operation as recommended by Amussat.

(2). In cases of congenital absence of the rectum—not of simple imperforate anus—Amussat's operation has occasionally been attempted, but its performance in such cases is full of difficulty, on account of the narrowness of the part in which the surgeon has to work, the depth of the gut from the surface, its small size, and its occasional malposition. I am not aware that its performance in this malformation has been attended by any permanent benefit, and I should, in preference, feel disposed to do what we have had occasion to practise here several times of late years, viz: the establishment of an artificial anus in its normal situation.

(3). We will now briefly consider the case in which you saw me operate the other day, and the class to which it belongs. It is related as follows, in the case-book, by Mr. Jeaffreson:—

Case. Cancerous Disease of the Rectum.—Stephen C——, aged forty-five years, was admitted into University College Hospital on Friday, November 14, 1856. He was by trade a plumber, and lived in Sudbury till twenty-one years of age. He then removed to London, where he followed his trade till he was twenty-nine years of age. He then established himself in business as a malster, at Groton, in Suffolk. He was then single; his life was irregular; "he never was a drinker," but, on being asked whether he went home directly after market, &c., I found that he stopped late, and habitually drank freely. He was a remarkably strong, active man, being in the habit of lifting heavy weights, &c., for wagers. I should mention that he says drinking so freely after markets was his ruin. Eight years ago, he returned to London, and got employment as a plumber, which he continued till this illness. He is of about average height, and the body well set, the limbs firmly placed. His complexion is now very pale and sallow, and countenance anxious; his eyes light brown, and sunken; his hair dry, lank, and brown in colour. All the teeth but two molars on the left side, are gone from the upper jaw; in the lower jaw, there is a perfect set of teeth, but the gum is absorbed, leaving the fangs quite clear. He is desponding with regard to his state. His parents were remarkably healthy; his mother died at the age of seventy-four, his father at seventy. On the mother's side, his grandfather died at near seventy, grandmother nearly as old, but exact age not known. The patient has been married four years, but has no children; his wife is only thirty years of age. He says he has had no disease of his genital organs for the last fifteen years, but previously to that he had several gonorrhœas and chancres also; once he had a bubo, which did not burst. For his venereal diseases he took mercury, at six different times at least, not always, he says, to the extent of salivation, but always enough to make the gums sore and the teeth tender. Whilst an apprentice as a plumber, he had colic once. He has had two slight attacks of gout in the great toe of the left foot—once about a year after he returned to London, and was following his business of plumber; the other, *about four years ago.* At this period, he first felt a dull, aching pain across the loins, which has been more or less continuous ever since. *Two years ago*, he lost blood by the rectum, for the first time to his knowledge; "it was then enough to splash about the pan of the water-closet; and this continued, more or less, till *eighteen months ago*, when, being confined as to his bowels, he took some aperient medicine, which about nine in the morning began to operate. He went five times to the pan, but he passed nothing but pure blood; in the space of about half an hour, two quarts of blood came away, "feeling warm and silk-like;" it was clotted. The loss of blood caused him to faint twice. He then got to bed, and, after remaining quiet about a quarter of an hour, he, at half-past 10 A. M., passed a copious, perfectly clear motion, "not firm, but fair." He now gave up work, from weakness and pain in the loins and limbs. He now also, for the first time, experienced pain in the fundament, at first of a smarting, but afterwards of an aching character, not much increased by going to stool. *About seventeen months ago*, he went into Middlesex Hospital, supposing he was suffering from internal hemorrhoids. He was not examined per rectum, but put upon sulphur baths and electuary, and kept resting on his back. He was discharged relieved. The hemorrhage did not recur for about a fortnight after his leaving the hospital. *About fifteen months ago*, he went to the Fistula Hospital, City Road, and was under the care of Mr. Salmon, who told him he had a cancer, after examining him per rectum, gave him sulphur and treacle, &c. He gradually got worse, but remained under Mr. Salmon's care four months. *About eleven months ago*, he applied as an out-patient to the Cancer Hospital at Brompton, which afterwards removed to Piccadilly, and was there under the care of Dr. Marsden and Mr. Weeden Cooke. *About nine months ago*, he, having become gradually weaker, was unable to walk to the hospital, but his wife continued to fetch medicine for him. He now took to his bed, but got up a little every day till *about three months ago*, when Mr. Stuart and Mr. Canton visited him, and examined him, per rectum, with a large bivalve speculum. *About two months ago*, he had difficulty in passing his urine, and Mr. Stuart drew it off with a catheter, and told him, if he had any difficulty again, to ask for the No. 6 instrument. They gave him good nourishment, and aperient medicine, and passed a rectal bougie, at first about every third or fourth day; but the obstruction having gradually increased, he has increased the frequency of its use, and he now passes it daily.

Present Condition.—November 17, 1856.—The patient's appetite and digestion are remarkably good. His bowels required strong saline aperients to make them act. Through life his bowels have been regular, never having had to take medicine to keep them in order. He did not observe the stools to diminish in size till about five months since.

Condition of Rectum.—At the anus protrude two moderate-sized, pale red piles, and a rather abundant, sanious, offensive-smelling discharge comes from around them. On introducing the finger into the rectum, there is considerable pain experienced by the patient; the finger comes in contact with a hard swelling, extending all round the gut, which it involves further than the finger can reach. There is difficulty in passing the urine, which is accompanied with pain and smarting at the end of the penis; this is always more or less constant. The urine comes away with the stools, and then only, so that it is almost impossible to obtain any for examination. He is very weak, and rolls about from the pain, "wishing to have something done to put him entirely out of the way." His intellect is quite good, and no symptoms referable to the cerebro-spinal centre. Pulse weak, 81. Ordered three ounces of senna confection, to be taken every morning. Diet: chop, two pints of milk, one pint of beef-tea, and one pint of porter.

18*th.* The patient had two motions yesterday. Considerable pain this morning; wants something to be done; proposed Amussat's operation for artificial anus. Continue diet and senna confection.

19*th.* The bowels were opened twice yesterday, and once this morning; the urine was passed at stool, with much straining. His general state is as described above. —Half past 2 P. M.: Having been put under the influence of chloroform, Mr. Erichsen made an incision about four inches long, extending, from within an inch and a half of the lumbar spines, outwards nearly to the left lateral median line. It was parallel to and between the crest of the ilium and the last rib, but somewhat nearer to the rib. Having divided the skin and the cellulo-adipose tissue, and the anterior border of the latissimus dorsi muscle, he divided the external and internal oblique and transversalis muscles on the director, also a portion of the quadratus lumborum. He then dissected through a considerable quantity of cellulo-adipose tissue which existed between the abdominal walls and the intestine, and with difficulty found the colon, which he pierced with a needle armed with fine whipcord, and drew forward. He then opened it with a pair of scissors, and Mr. H. Thompson, on passing his finger into it, came to fecal matter, some of which was adherent to it when he withdrew it. The edges of the gut and external wound were brought together by means of sutures, two above and two below. The rest of the external wound was closed with two more sutures. The whole was covered with wet lint, and the patient put to bed on his left side.—Five minutes past 3 P. M.: As he was recovering his consciousness from the effects of the chloroform, his pulse was 72, moderate.—Half past 3: He is complaining of much pain. Ordered one drachm of opium mixture to be taken immediately. Mr. Stuart informed us that he has been accustomed to take very large quantities of opium.—Quarter to 4: The patient is very querulous, whining loudly, and declares he is in the greatest agony, and complains of a sensation of constriction round the body, as if he were tied to the bed, and repeatedly asked to have it removed. Ordered hydrochlorate of morphia, one grain, to be taken immediately.—Quarter past 4: Pulse 66; becoming less noisy with his pain.—Five minutes to 5: Pulse 72.—Quarter to 6: Repeat hydrochlorate of morphia mixture.—8: Pulse 72, same quality as before operation. He complains of considerable pain over the abdomen, but there is no tenderness on pressure. Apply hot fomentations. Ordered two drachms of opium mixture immediately.—Ordered two grains of hydrochlorate of morphia immediately.—Twenty minutes to 11: The pulse 72; pain in the abdomen is less than when the fomentations were ordered. He lies diagonally on his right side and back; this he finds the most comfortable position; he is quieter and more composed. Neither feces nor flatus, the patient states, have passed through the artificial anus.

20*th.* 9 A. M.: Slept for nearly two hours during the night, the grain of morphia having been repeated at 3 A. M. and at 7 A. M. He feels rather more comfortable this morning; has had less pain in the rectum since the operation. Nothing has escaped from either the wound or the gut, both of which look healthy. He lies diagonally, as described last night. He complains of pain in the left iliac fossa. Pulse 90. A warm poultice was applied over the wound, and also to the left iliac fossa.—Half past 2 P. M.: He has been put on to a spring bed, and looks and expresses himself as being more comfortable. He is now lying on his back. Pulse 104, intermitting every fourth beat. The morphia was repeated at 10 A. M. and at 1 P. M. He refuses to take any nourishment, either solid or liquid, but seems tolerably cheerful; "thinks he shall be able to eat an egg to-morrow." He sank, however, exhausted in the course of the night.

Post-mortem Examination, fifteen hours after Death.—(Nov. 21).—Being placed on his face, the left lumbar region was dissected into the abdomen. We found the descending colon opened, and its edges connected with those of the external wound. It was much contracted, being considerably smaller than the small intestine which projected on either side, and was of the usual yellow or buff tint, while that of the colon was greenish. The body being placed on its back, the thorax and abdomen were opened. The lungs were healthy, but the bronchial glands somewhat enlarged. The heart was pale and flabby, the valves healthy; under the microscope, it was questionable whether it had undergone any fatty degeneration. The small intestines presented on their surface a small quantity of lymph, and some slight capillary injection. They were somewhat enlarged and distended, but contained very little fecal matter. The mesenteric glands were enlarged to a moderate amount. The lumbar glands were not enlarged. The large intestine was healthy, but presented an opening about eighteen inches above the sigmoid flexure. Scybalæ were found in considerable quantity below the opening; some also existed above. The opening was through the portion of colon uncovered by peritoneum. The rectum, for the distance of four inches above the anal opening, was involved in its whole circumference with ulcerating nodular masses of scirrhous tubercle: the whole was of a pale yellow colour. Close about the cancerously diseased portion of the gut, there was a large quantity of arborescent and capillary congestion, which was quite black; the congestion extended upwards for nearly seven inches, gradually becoming less marked. The tissue of the rectum between the cancerous masses was much softer than normal. (The preparation is put in the College museum.) The right kidney had undergone fatty degeneration to a considerable extent, having a greasy feel and yellowish tint, and presenting masses of apparently pure yellow tint, the line marking the separation between the tubular and cortical substance being almost obliterated. The left kidney presented the same characters, only in a less degree. The spleen was slightly enlarged, and of a light colour. The liver was pale, rather soft and flabby, and presented several yellowish masses (varying in size from that of a large pin's head to that of a small bean) scattered through its substance, which, on section, grated beneath the knife, and appeared to be cysts, with thick, hard walls, containing a creamy material, which, under the microscope, presented no compound nucleated cells, but a large number of fibro-plastic cells with strongly-marked nuclei, closely resembling prismatic epithelium; fat, in the form of both globules and granules; cells filled with granular matter. The gall-bladder contained about ten drachms of thin, dark, dull yellow bile, in which was found a mass of black colour, gritty to the feel, and mulberry-like on the surface. It was composed of granular matter and rhomboidal plates of cholesterine.

I wish particularly to point out to you, gentlemen, that the operation in this case was performed with a different object to that for which it was originally brought before the profession. It was done not for the purpose of rescuing the patient from impending death resulting from intestinal obstruction, but in order to prolong existence by removing a source of constant suffering and irritation; and, although we did not succeed in our object, the operation is a proper one in such cases, and has been performed with the happiest results by M. Amussat, by my friend, Dr. Pennell, of Rio Janeiro, and others, under similar circumstances, the patient surviving for years in a state of considerable comfort. The artificial anus itself is much less annoying than would at first appear, as it is readily kept closed by means of a truss, the pad of which is applied over it.

In the performance of the operation itself, there was no difficulty until the anterior layer of the fascia transversalis was exposed. On opening this, layers of cellulo-adipose tissue presented themselves, and on successively incising these, a large quantity of loose fat was exposed, which, rising and falling with the respiratory movements, offered a somewhat embarrassing obstacle to the search for the intestine, which was completely contracted and empty. In carefully working our way through this mass of fat, partly by dissection, partly by tearing it asunder, the gut was exposed, and could be distinctly recognized by its greenish-gray colour and firmer feel, showing out in very evident contrast with the yellowish-buff colour of the contiguous tissues.

With regard to the cause of death in our case, I can only account for it by its being the effect of exhaustion, resulting from a prolonged operation, in a person labouring under extensive organic disease, and suffering from what at the time we were not aware of, viz: advanced granular degeneration of the kidneys—a complication which I believe to be almost inevitably fatal in all cases in which the abdominal or pelvic organs are subjected to operative interference. It is this state of the kidneys that is so common a cause of death after operations for hernia, stone, or urethral stricture, leaving a low peritonitis and diffuse inflammation of the cellular planes. I believe, also, that it is a condition in which chloroform acts very unfavourably, disposing the patient to continued nausea, depression, and exhaustion, from which he does not rally, but sinks in a few hours or days, without complete reaction having come on.—*Lancet*, Jan. 17, 1857.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Rock Island (Illinois) Medical Society.—The members of Rock Island Medical Society held their annual meeting in Rock Island, on Wednesday, the 14th inst.

The President, P. Gregg, M. D., being absent, the Vice-President, S. T. Hume, M. D., took the chair. The minutes of last meeting were read, and approved.

Owing to the absence of the President, whose duty it was to have delivered the annual address, Dr. Wm. A. Knox was called upon, and read to the Society a report of a very interesting case, treated by Dr. Tronsdale (who is his partner) and himself. The case was an injury of the knee-joint from a circular saw, by which a wound was made, near eight inches in length, severing the rectus femoris muscle, cutting through the patella, opening into the cavity of the joint, and cutting into the condyle of the femur, as well as upper part of tibia, fully half an inch in depth. Notwithstanding all which injury the patient has recovered, with partial use of the joint, and they are in hopes to render its use perfect, or nearly so.

They are making out a report of the case, to send to you for publication.

The following are a portion of the laws and rules of government of our Society. It will receive no one to membership who is not a graduate of a respectable school of medicine; requires that the moral character of a candidate for membership shall be good, and if not, he shall be rejected.

By our Constitution members are prohibited from dividing responsibility with a known quack, or associating with him in consultation; practising with nostrums, or secret patent medicines; exposing, vending, or advertising such medicines; and any member so guilty shall be considered an empiric, and shall be expelled from the Society.

By our laws, no member is permitted to consult with any member of the profession who consults with, or in any other way countenances quacks.

We have adopted the code of ethics of the American Medical Association, and each member is required scrupulously to adhere to its teachings.

I have been thus full in giving our rules of government, that our brethren who have the honour and reputation of our noble profession at heart, may see that there are *those* in this *great west* whose hearts beat in unison with theirs, notwithstanding a perfect avalanche of quackery, in the shape of all the isms of the day, is flooding this section of our country.

The following gentlemen are members of our organization: P. Gregg, M. D., W. F. Cady, M. D., S. T. Hume, M. D., S. K. Sharpe, M, D., Wm. A. Knox, M. D., C. Truesdale, M. D., E. H. Bowman, M. D., S. C. Plummer, M. D., J. R. Hayes, M. D., M. H. Crapster, M. D.

The officers elected for this year are:—

President, Calvin Truesdale, M. D.
Vice-President, E. H. Bowman, M. D.
Cor. Secretary, S. C. Plummer, M. D.
Rec. Secretary, W. F. Cady, M. D.
Treasurer, M. H. Crapster, M. D.

Dr. Saml. K. Sharpe is the delegate elected to represent this Society at the next meeting of the American Medical Association.

Doctors Truesdale and Bowman are the delegates to the next meeting of our State Medical Society.

Doctors Cady, Plummer, and Hayes are appointed a Committee to confer with the Davenport Medical Society, for the purpose of making arrangements for union meetings of the two Societies.

SAML. C. PLUMMER, M. D.,
Cor. Sect'y Rock Island Medical Society.
Rock Island, Ill., Jan. 20, 1857.

Lancaster City and County Medical Society.—At a stated meeting of the Lancaster City and County Medical Society, held on the 21st of January, 1857, the following gentlemen were elected officers of the Society for the ensuing year, viz :—

President, Dr. J. B. Stabbs.

Vice-Presidents, Drs. M. A. Withers and E. B. Herr.

Recording Sec'y, Dr. J. L. Atlee.

Cor. Sec'y, Dr. Thos. Ellmaker.

Treasurer and Librarian, Dr. J. A. Ehler.

Delegates elected to the American Medical Association, which convenes, at Nashville, on the 7th of May next:—

Drs. John Ream, J. L. Atlee, P. Cassidy, Thos. Ellmaker, E. B. Herr, J. A. Ehler, H. Carpenter.

THOS. ELLMAKER,
Cor. Sec'y Lancaster City and Co. Med. Soc.
Lancaster, Feb. 14, 1857.

—

Philadelphia County Medical Society—List of Officers for 1857 :—

President—Gouverneur Emerson, M. D.

Vice-Presidents — John Bell, M. D.; Thos. H. Yardley, M. D.

Recording Secretary—J. Aitken Meigs, M. D.

Assistant Rec. Secretary — T. Hewson Bache, M. D.

Corresponding Secretary—Francis West, M. D.

Treasurer—Robt. P. Thomas, M. D.

Censors—Jno. B. Biddle, M. D.; D. Francis Condie, M. D.; Rene La Roche, M. D.; Samuel Lewis, M. D.; Lewis Rodman, M. D.

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Medical Institution of Yale College.—At the annual commencement, held Jan. 15th, 1857, the degree of Doctor of Medicine was conferred on eleven candidates.

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Louisville Medical College —We regret to record the destruction by fire, on the morning of the 31st of December last, of the building belonging to the medical department of the University of Louisville. A considerable portion of the valuable library, a part of the chemical apparatus, and the large and valuable collection of natural history, and anatomical collection, were consumed.

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[Some of our readers may have noticed in a recent number of the *London Lancet* some flippant reflections upon American physicians, founded upon a statement which has been going the rounds of the daily press, in regard to a method of detecting a murderer by examining the eye of the murdered man, upon whose retina it was said the image of the murderer would be painted. The following letter somewhat amusingly turns the table upon the critic :—]

Your Bull and my Ox.—To the Editor of the *Medical News.*—Sir: I observe in a recent number of the *London Lancet* a severe censure upon American medical jurisprudence, based upon a statement published by two persons at Auburn, in New York, of their microscopic inspection of the eye of a murdered man.

This excels the Arrowsmith absurdity, on the part of our well-informed English cousins. The facts in this matter are the following: The coroner at Auburn, Mr. Sittzer, though not learned, is a man of practical discernment and good sense. He did not direct this eye exploration to be made, nor did he receive any testimony on that point. The investigation under notice was a volunteer affair assented to by the friends of the murdered man, and was conducted by Dr. Bellamy, an *Englishman*, who had come to this country to practise medicine and surgery under an English license. He was assisted by a young homœopathic practitioner.

As the coroner rejected this volunteer information, Dr. Bellamy, doubtless, that it might not be lost to the world, with true national pride, had it published over his own signature in a political newspaper.

Respectfully yours,
Theo. Dimon, M. D.
Auburn, N. Y., *Feb.* 1857.

—

Dr. Mütter and the Philadelphia College of Physicians.—In the number of this Journal for July last (p. 112), we announced the liberal offer made by Dr. Mütter to the Philadelphia College of Physicians, and in a subsequent number (Nov. 1856, p. 159), we expressed our regret that Dr. Mütter had failed to complete the arrangement.

We have recently received from Dr. Mütter the following communication, in which he offers an explanation of the causes which prevented his doing so at the time, and expresses his design of hereafter effecting it.

To the Editor of the Medical News.

Nice, *Dec.* 29, 1856.

Sir: A medical friend, *not* a resident of Philadelphia, has kindly sent me an extract from the *Medical News* of the 13th of November last, which extract conveys a grave charge against myself, and which, as I shall endeavour to show, is both unjust and uncalled for.

In order to render my assertion obvious, it will be necessary for me briefly to rehearse the history of the business to which the extract refers.

It is well known to the medical profession of Philadelphia, that last spring, finding myself compelled by ill health to resign my chair in the Jefferson College, and to leave the country, for a time at least, in search of a milder climate, I made a proposition to the "College of Physicians" of Philadelphia, to receive my museum, and to allow me to found in connection with that institution a school for pathological research, open to all regularly educated medical men and students of medicine, free of cost. The College entertained the proposition, and appointed a committee to confer with me upon the articles of the project. This committee, late in July, or early in August (not having the paper by me, I cannot specify the exact date), addressed to me through their chairman, Dr. Geo. B. Wood, a set of propositions essentially modifying those submitted by myself to the College. As there seemed, at the time, no objections to these modifications, I wrote Dr. Wood, to the effect, that I would accept them as the basis of a future contract between the College and myself. Upon subsequent examination, however, it appeared both to the committee and to myself, that these propositions might, advantageously to both parties, undergo considerable alterations. At last, by our united efforts, a set of articles, perfectly satisfactory, were drawn up. It then only remained for me to hand over certain securities named, to the trustees agreed upon, and for the College to meet, in order to ratify the acts of their committee. But now a serious difficulty presented itself: *Want of time properly to effect our object.* Although *it was in the spring* that my offer was made to the College, *it was not until the last two weeks of September* that the committee and myself were able, owing to absence from the city, to work together, and it was only *four* days before my sailing for Europe, that everything was completed.

I was notified of the satisfactory conclusion of our negotiations on the very day, when, in order to sail as I proposed, on the first of October, it was necessary that I should leave for New York.

It will thus be observed, that *for the transfer of the property which I proposed to convey, and for the meeting of the College to ratify our acts, only four days, of which one was Sunday, remained.* This period, as is obvious, was too short for the accomplishment of our object, besides which, I was *compelled*, as before stated, by other matters of equal or greater importance, to leave the city. Under these circumstances I was forced to allow our affairs to remain unsettled, and I wrote to Dr. Wood to that effect, at the same time expressing my regret at the failure of all our efforts. On leaving my house for the steamboat, I met Dr. Norris, one of the committee, and also expressed to him my difficulty and my sorrow. My colleague, Dr. Bache, will also testify that I remained *three days over the period* when I should have left Philadelphia, and that I expressed to him my fears and regrets that we should not have time to complete our arrangements.

In conclusion, to prove how deeply I was and am still interested in the work, as soon as possible on my arrival in New York, I obtained the services of Mr. Cram, attorney at law, to arrange my will, and he is ready to testify that the *first item* in that paper, directs my executors, in case of my death, to hand over, before the payment of any other legacy, the sum of $30,000 to the trustees agreed upon between the College and myself, and expresses my earnest desire that the arrangements made between us should be carried out. This, and other business, kept me constantly occupied until after midnight, the last day of September, when exhausted by watching and indisposition, I was unable to write to Philadelphia, and sailed the next morning, the 1st of October, at 9 o'clock. On arriving in Liverpool, I dispatched a letter, at once, to Dr. Wood, informing him of what I had done, and requesting him to read it to the College, and also promised that I would leave nothing undone to accomplish the chief object of my professional life.

It will be seen from the foregoing that I have, in every way, endeavoured to carry out my promise to the College. In case of my death, the money will be offered to the Institution by my executors, and I pledge myself, should I live to return home, to hand over the sum specified to the trustees, provided the College is ready to receive it upon the terms already arranged between us.

Had the article in the *Medical News* read thus: "The College, after due consideration, accepted the trust, but we regret that, in consequence of Dr. Mütter's hurried departure for Europe, which prevented the accomplishment of all the details of the contract between the College and himself, the negotiations failed for the present," it would have conveyed the truth, and at the same time have spared the imputation of *want of faith.*

I have been deeply wounded and mortified by the article in question, and I am sure nothing more, under the circumstances, could have been done on my part to further the object, which has been my most earnest desire, for many years, to see accomplished.

THOS. D. MÜTTER.

We willingly afford Dr. Mütter the benefit of his explanation; and shall do so without further comment, than to deny that our article contained any charge against him, or that it was dictated by any other than kind feelings to him. We gave him credit for his liberality, and believe that he was sincere in his offer, and for those very reasons we did *then* and do *still*, much regret that he should have left the country without carrying out his proposition; and we have only to add that it was Dr. Mütter's province—not ours, to give the *reasons* for his doing so. We simply stated a fact, as is admitted by Dr. M., who, in a letter to us, accompanying the above communication, says: "You have stated a fact, *it is true*, but you might have known that there were *two sides of every assertion.*"

We cannot admit that our assertions have two sides, although the facts stated may admit of two *explanations.*

FOREIGN INTELLIGENCE.

Oxide of Carbon as an Anæsthetic Agent.—At a late meeting of the Academy of Sciences of Paris, M. Ozanam read a paper on the anæsthetic action of the oxide of carbon. The author started from the principle that the whole series of carbonated bodies, either volatile or gaseous, have anæsthetic properties; and he found, by actual experiment, that the action of the gas in question is analogous to that of chloroform. When the gas is inhaled, four stages are noticed: 1, the premonitory; 2, the stage of excitement marked by contractions and convulsions; 3, the anæsthetic period; 4, return to consciousness or death. Sudden death may occur in two minutes, as with chloroform; but out of twenty-five experiments, death occurred but once. From this circumstance, it may be inferred that the inhalation of this gas is not so dangerous as has been supposed. Applied locally, this gas had no action where the epidermis was unbroken; but where it had been removed, anæsthetic effects were produced.—*Lancet*, Jan. 31, 1857.

Puerperal Fever.—In his report on the sanitary condition of St. Pancras during December, Dr. Hillier remarks as follows on two cases of puerperal fever in the workhouse: "There have been two deaths from puerperal fever, and several persons are now suffering from it. This disease is of a most infectious character, and when once it has gained access to a lying-in ward, it clings to it with remarkable tenacity for some time, in spite of all disinfectants. As soon as the disease made its appearance, Mr. Coster, the senior surgeon, with the utmost promptitude, used all precautionary measures to prevent its extension: such as the complete isolation of the patients suffering from it; preventing the nurses who attend on them from coming near other parturient women; the entire change of linen and beds; and placing all persons about to be confined, in a distant part of the building. The disease, however, is not yet eradicated. It is the intention of the Directors not to allow any nurse, who has been near the patients with puerperal fever, to attend lying-in women for three weeks. The resident surgeons will not attend any other accouchements for the same period; and all fresh cases of labour will, if possible, be kept at their own houses, or sent to lying-in hospitals. This disease frequently coexists with erysipelas, and it will be remembered that, in my last report, I stated that this disease was prevalent in the house, as it is also at the present time." It would be well if such precautions were adopted more frequently.—*Med. Times and Gaz.*, Jan. 24, 1857.

Solution of Phosphoric Acid in Typhus.—Prof. Magnus Huss recommends the following solution of phosphoric acid in the first stage of typhus, both in the abdominal and petechial forms: ℞.—Solution of phosphoric acid, two and a quarter ounces; Decoction of marshmallow, five ounces; Syrup of marshmallow, four ounces.—Mix. Dose from ten to fifteen drops every two hours. The solution contains twenty-five per cent. of phosphoric acid.—*Presse Méd. Belge*, 6th Sept., 1856.

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Chloroform in Sea-Sickness.—Dr. Landerer, a medical man at Athens, announces that he has discovered a specific against sea-sickness, viz: to give from ten to twelve drops of chloroform in water. He says the chloroform, in most cases, removes nausea, and persons who have taken the remedy soon become able to stand up, and get accustomed to the movement of the vessel. Should the sickness return, a fresh dose is to be taken. It was tried on twenty passengers on a very rough voyage from Zea to Athens, and all, with the exception of two, were cured by one dose. The minority, two ladies, were able to resist the feeling of illness on taking a second dose.—*Med. Times and Gaz.*, Jan. 24, 1857.

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On Exploration by Commotion.—M. Cruveilhier observes that, in all cases of jaundice, as in all other diseases in which he suspects the liver to be affected, he is in the habit of exploring this organ by "commotion." For this purpose, the patient is placed on his seat, and the right side of the thorax is percussed from above downwards, the patient being desired to express himself when aware of unusual sensation or pain. It is very rare in recent icterus, and especially in febrile icterus, for the patient not to announce a marked sensibility as soon as the percussion excites a shaking of the liver. By this means, too, an abscess of the liver, the consequence of a fall from a high place, has been diagnosticated. M. Cruveilhier has also applied this mode of exploration to the kidney, spleen, heart, and even the uterus. For the brain, it may be put into force by suddenly pulling at a handkerchief that is held closely between the teeth. In this way it has been advantageously used in many cases of cerebral disease.—*Med. Times and Gaz.*, Feb. 7, 1857, from *Archives Gén.*, Jan. 1857.

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Removal of Tumours by a New Method.—Dr. Simpson, of Edinburgh, has been experimenting on the removal of tumours by a method novel in this country. He introduces a hollow acupuncture needle, or very fine trocar, into their tissue, and injects a few drops of some irritant liquid—such as a solution of chloride of zinc, perchloride of iron, or creasote. The effect has been to destroy the vitality of the tumours so treated, and they have been separated by a process of enucleation. We have seen a somewhat similar plan adopted in Paris by M. Maisonneuve. He has slender stylets made of a paste composed of flour, water, and chloride of zinc. These are baked. A puncture is made in the tumour, the caustic stylet is inserted, broken off, and left. We saw several malignant tumours treated in this manner, and some cases in which a healthy granulating surface was left after the separation of tumours which had been destroyed in this manner.—*Med. Times and Gazette*, Feb. 7, 1857.

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Remarkable Fecundity.—In a commune near Lille, a young woman, who had on each previous occasion had twins, gave birth, in her third confinement, to five children, three boys and two girls. Her labour lasted forty hours. All the children were perfectly formed but small, and two days after the birth of the last were likely to live.—*Presse Méd. Belge.*

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Statistics of Population of France.—The returns show that France possessed, in 1856, 36,039,354 inhabitants, while, in 1852, the number was 35,781,628. They consequently represent an increase of 257,736 inhabitants during the last five years. The mortality, which was one in every 25 inhabitants in 1772, was only one in every 44 in the year 1844. It therefore ensues that mortality has diminished to the extent of three-quarters in the space of 72 years.—*Med. Times and Gaz.*, Jan. 24, 1857.

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New Remedy for Cancer.—We find the following statement in a recent number (Jan. 31, 1857) of the *Medical Times and Gazette*:—

"It may be known to many of our readers, that Dr. Fell, an American physician, has been employing a secret remedy in the treatment of cancer for some months past in London, and has acquired a very considerable reputation. It should be also known that Dr. Fell has invited the attention of the profession to his treatment, and has opened his house every Tuesday to any practitioner who wished to observe the results of his caustics. A great many of the leading surgeons of the Metropolis, though unwilling to countenance the use of a secret remedy, have thought it their duty to see what really could be done by Dr. Fell. Another step has just been taken in the matter. It seems that there is at the Middlesex Hospital a large cancer endowment; one of the provisions of which is that every means should be taken to test fairly any remedy which is not preserved as a secret one. When the Board heard, through some of its members many months ago, that Dr. Fell was using a remedy which had done good in some instances, they wrote and invited him to make a trial at the hospital. Dr. Fell has come forward and has offered to apply his remedies on a given number of cases, and for a given time; divulging to the surgeons of the hospital the nature of his remedies, under promise that they will not use them, nor make them known before the expiration of six months; and that when the trial has been made for the stipulated time, they will report on the cases which have been treated; the treatment to be carried on under the observation of the surgeons. Dr. Fell also promised himself to publish the nature of his treatment in a short time. The proposal was at once accepted. Dr. Fell has been using his remedies under the observation of the surgeons of the Middlesex Hospital for more than a week, and has explained their nature and mode of preparation; and these gentlemen report, that so far as they can judge, he has acted in perfect good faith and candour, without any reservation. The results will be made known in due time. Meanwhile we think these facts should be made public; and, as so much has been said about Dr. Fell's treatment, it should be known that it is being fairly tested under competent supervision."

COMPLETION OF TODD AND BOWMAN'S PHYSIOLOGY.

The concluding portion of the "Physiological Anatomy and Physiology of Man," by Drs. Todd and Bowman, has just appeared in London. Its publication in the "News and Library" being prevented at present by the necessity of continuing the issue of "West on Diseases of Females," the publishers have arranged to issue it immediately in a form that will enable their old subscribers to complete without delay their copies commenced in former years of the "News." In a few days they will, therefore, be able to supply it, by mail, free of postage, on receipt of the amount, as follows:—

Complete in one very large octavo volume, of about 950 pages, with 300 illustrations, bound in leather	$4 50
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By referring to their files of the "News," gentlemen will readily see which of the above portions are requisite to complete their copies, and they are requested to lose no time in sending for what is wanted, on account of the limited number on hand of some parts of the work.

The great delay which has occurred in the appearance of this work has arisen from the large amount of original investigation necessary to the execution of the plan adopted by the authors. This gives it a peculiar value to all who desire to keep themselves acquainted with the progress both of Anatomy and of Physiology.

Address BLANCHARD AND LEA,
March 1, 1857. Philadelphia, Pa.

THE MEDICAL NEWS AND LIBRARY.

VOL. XV. APRIL, 1857. No. 172.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Extraction versus *Depression.*—An opportunity for contrasting the results of extraction and depression operations for cataract was afforded by a patient at the Moorfields Ophthalmic, under Mr. CRITCHETT'S care, a few weeks ago. A woman, of about 45, had had depression performed in the left eye by another surgeon two years ago, and had subsequently had her right lens extracted by Mr. Critchett. Both operations had been perfect in their kind, but the right had become so much the more useful eye, and so great was the annoyance to sight caused by the depressed lens in the left, that she was anxious to have extraction performed in it also. The lens, which was very opaque, lay quite below the pupil, and the latter was clear; but, from the movements of the former, much interference with vision resulted. No irritation had apparently been caused, and the visual powers of the eye were as good as ever. At the woman's own request, Mr. Critchett performed extraction, and hooked up the lens and removed it, the operation not being attended with any difficulty. It was interesting to observe that the lens, although for two years freed from its capsule, and displaced into the vitreous humour, had undergone almost no diminution. It was chalky in parts, and in others of a hard, gelatinous structure. Its non-absorption might be held to illustrate one of two things: either that a lens, in the condition described, is insusceptible of absorption, or that the vitreous humour does not possess any absorptive activity.

We may remark, that depression of cataract is an operation now very rarely, indeed, performed at Moorfields, partly from the conviction that, as shown in this instance, the sight so obtained is not so perfect as that after extraction; but more chiefly, because a belief is entertained that the eyes do not last, irritation being caused by the displaced lens communicated to the ciliary

Published monthly by BLANCHARD & LEA, Philadelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage.*
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processes, and then to the retina, and ending in a few years in amaurosis.—*Med. Times and Gaz.*, Dec. 13, 1856.

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Compression Treatment of Aneurism.—Cure under Unusual Circumstances.—A case has been recently treated by Mr. LAWRENCE, in St. Bartholomew's Hospital, in which a popliteal aneurism solidified under unusual circumstances. The patient was a robust young man of 27, and the tumour about the size of half an orange. The compression was commenced with a common Signorini's tourniquet, and was cautiously pursued, the stream of blood through the tumour being retarded merely, and not nearly arrested. This had been done for about seventy-six hours, and the man having suffered no inconvenience, the tourniquet was screwed tighter. On Mr. Lawrence's visit, the day following, the man complained of pain in the tumour; and fearing inflammation of the sac, Mr. Lawrence ordered the immediate disuse of all compression. The pulsation, although not so powerful as at first, was still very distinct. Within a few days of the laying aside of the compression, however, all pulsation ceased; the tumour afterwards rapidly absorbed, and a perfected cure resulted. In attempting to explain the occurrence of consolidation under these circumstances, the conjecture seems not improbable that the impaction of a portion of fibrin in the distal trunk had been the cause of the pain in the tumour of which the man complained; and that this in itself, not at first sufficient to occlude the vessel, had subsequently become coated with lymph, and finally acted as a plug.—*Med. Times and Gaz.*, Dec. 13, 1856.

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Reduction of old Dislocation of the Humerus by Manipular Movements, without Extension.—In a case recently under his care in St. Bartholomew's, in which a very fat woman was the patient, Mr. Wormald succeeded in reducing an old (six weeks) dislocation of the humerus by manipular movements, without extension, on the principle now almost universally adopted with those of the femur. The humerus differs from the femur in having an almost straight shaft up to its articular end, and no leverage can therefore be obtained, as in the case of the head of the femur, which is almost at right angles to its shaft. By bandaging a rectangular splint to the arm and forearm, Mr. Wormald made the latter into a lever, by which to act upon the former. The operator's knee being put under the patient's elbow as a fulcrum, the forearm was depressed, and the bone lifted into its place. The patient was under chloroform, and reduction occupied only about ten minutes. For ordinary cases this plan will, of course, not supersede the very simple and effectual ones already in use, but in those difficult of reduction is worth being had recourse to.—*Med. Times and Gaz.*, Feb. 7, 1857.

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Operations for Femoral Hernia without opening the Fascia Propria.—Within the last few years it has become the custom with several surgeons, among whom we may mention Mr. Birkett, of Guy's, to avoid opening not only the sac but also the fascia propria in cases of femoral hernia, when such may be practicable. We saw Mr. Birkett operate on a woman the other day by that method. Gimbernat's ligament was readily reached when the cribriform fascia had been divided, and having been notched the gut easily returned. An objection to the plan sometimes made is, that the sac and fascia constitute together a mass of some thickness, in which it is just possible a small portion of bowel might be concealed. Such an objection lies with threefold force against all reductions by the taxis. The rule now almost established in herniotomy seems to be to divide as little as possible, that is, to make the reduction differ as little as may be from one by the taxis without division of the structure. By leaving the sac covered and protected by the fascia propria, the risk caused directly by the operation amounts to little more than a wound of the skin, and the risk of peritonitis must be somewhat diminished.—*Ibid.*

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Rare form of Fracture of the Neck of the Humerus.—A muscular young man has just been discharged from St. Mary's Hospital, where he had been for some time under the care of Mr. Coulson, on account of an unusual injury to the left shoulder. At the time of admission it was diagnosed as a fracture of the neck of the humerus, with, possibly, dislocation of the head forwards. Crepitus was felt distinctly, and the symmetry could, without much difficulty, be restored, but the bone could not be retained in place. All appliances to secure coaptation failed, and he now has (ten weeks after) marked deformity. The motions of the shoulder are, however, good, and he will probably in time regain almost perfect use of it. The opinion now entertained is that it has been a fracture through the anatomical neck, with a splitting of the upper part of the shaft. As it has united there is a decided prominence of the anterior part of the shaft at its upper end; indeed the bone appears to be much widened. The articular head is evidently in the glenoid cavity. The arm is about half an inch shorter than the other. Mr. Coulson has adopted the plan, which it is much to be wished were general, of giving to the lad a written statement of what the supposed injury has been, so that should he come under care for any subsequent accident the surgeon will have an invaluable guide in treatment; or should an opportunity be afforded for dissection of the part, it may not be lost for want of attention being drawn to it.—*Ibid.*

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Amputation of the Knee-joint.—This operation is one of rarity in this country, and has been resorted to only of very late years by Mr. Syme and Mr. Fergusson. Velpeau and other continental surgeons have spoken very highly in its favour. On the 6th of December, Mr. Fergusson again performed it at King's College Hospital, before a very crowded theatre of pupils and visitors. The patient was a young lad, who had necrosis of the tibia, from whom he removed a large piece of bone two weeks before; the inflammation, however, extended to the knee-joint, which became filled with pus, and a portion of the head of the tibia had already exfoliated, thus showing that this process does occur in this situation, although denied by some writers. The amputation was performed by cutting across the front of the joint in a lunated course, making incisions at either side of the tibia, dissecting the skin off, and then forming a large and long flap underneath. This was absolutely necessary, Mr. Fergusson remarked, as the condyles of the femur were so wide, and required a wide flap to cover them. He then sawed off a slice of the articulating surface of the condyles. Although very rare in London, this form of amputation has been done by Mr. Fergusson several times, and he believes of all the thigh amputations that it really is the best, as such a good flap and stump are obtained. This case we watched with some interest; the stump has perfectly healed, and the boy is walking about the wards, and we have no doubt it will turn out as well as it looks, a firm, strong, excellent stump, as good a one as may be seen after any amputation.—*Lancet*, Feb. 28, 1857.

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Impervious Section of the Urethra; Perineal Section.—Our readers of course know very well that perineal section for an impervious urethral canal is a totally different procedure from Syme's operation; it is the old method in practice long before Syme's was introducted to the notice of the profession. We have seen it done many times by Mr. Cook, at Guy's; also by Mr. Fergusson, at King's, who again performed it in a very difficult and obstinate case only on Saturday (the 14th inst.), very similar to one of Mr. Erichsen's, at University College, done on the 18th inst. This last case excited some little interest and attention, from the induration and enlargement of the perineum and scrotum, due to plastic effusion, which was present, associated with a completely impermeable stricture, with numerous false passages and urinary fistulæ. This was the first case which had presented itself to Mr. Erichsen's notice in which an instrument could not be introduced into the bladder, although an effort was again made to accomplish it on the operating-table, but without effect, as, although the catheter apparently passed into the bladder, it entered some one of the many false passages. A large grooved staff was therefore passed down to the seat of obstruction, which was then carefully divided, the urethra being opened behind its point, as far as this extended, when a director was passed into the bladder, and the stricture further divided in its deeper portions towards the rectum. A catheter was then passed into the viscus, and retained. It is sometimes very difficult to hit the urethra at its posterior part after dividing the stricture, and much precaution becomes necessary. Here, the surgeon had to cut through two inches of thickened, condensed, plastic matter, which added to the difficulties of the case, and a very small calculus was removed from the urethra. It is needless to say, that in such cases, were it possible to get in Syme's director, the operation which goes by his name would be performed, a preferable measure at all times. Had active measures been delayed, most likely infiltration of urine would have ensued, with sloughing, in a constitution much impaired in not an old man.

This day week, we saw Mr. Stanley perform Syme's operation, at Bartholomew's, for an obstinate stricture, which resisted all treatment, in a healthy-looking man. It was satisfactorily accomplished upon a Syme's grooved staff. The man is doing well, but there was much bleeding after the operation. We may remark, that this operation has been rarely seen at St. Bartholomew's, and the slow but certain spread of the modern improved surgical operations is a striking feature of the times.

Mr. Fergusson has performed perineal section twice since his operation on the 14th inst.—*Ibid.*

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Radical cure of Varicose Veins.—A case at present in King's College Hospital, under the care of Mr. Henry Lee, illustrates the advantages of a plan recently invented by him for the radical cure of varicose veins. The patient is a female, of middle age, who had been suffering from great distension of the saphena vein in two places. The trunk of the vein was much enlarged about the thigh, and a cluster of varicose veins existed at the upper part of the calf. There was also a small ulcer on the leg.

The plan adopted by Mr. Lee is as follows: Two needles were passed underneath the enlarged vein, at a distance of about two inches from each other, and a suture twisted around each. Care was taken not to wound the trunk of the vein itself. This proceeding was followed by adhesive inflammation around the part operated on, whereby the trunk of the vein was obliterated by coagulum. Three days after the passing of the needles, the vein was divided by a subcutaneous incision midway between the needles, and slight pressure applied by means of a pad of lint. On the fifth day the needles were withdrawn. The operation succeeded completely at both points; and, ten days afterwards, the patient was completely well, and able to leave the hospital, so far as respected the disease for which she originally applied for admission. She was kept in, however, on another account. When seen, seventeen days after the commencement of the treatment, the vein appeared to be permanently obliterated at both points; the depressions corresponding to the points of section being quite perceptible, and the vessel above and below reduced to a solid cord, which was steadily shrinking from its original size. The ulcer was cured.

This method appears to unite the advantages of the two spoken of by Sir B. Brodie in his *Lectures on Pathology and Surgery*, pp. 189, 190, as having been adopted by himself and M. Velpeau, respectively, for the cure of varicose veins by subcutaneous incision and by ligature. The adhesive inflammation which follows the application of the ligatures renders the subsequent subcutaneous incision of the vein a perfectly safe proceeding, as the absence of hemorrhage much increases the prospect of union of the little wound by first intention; and even if it, or the needle-tracks, should suppurate, there is no chance of the passage of matter into the venous circulation, in consequence of the interposition of a considerable clot between each of these and the heart; besides which the tracks of the needles are external to the canal of the vessel. Whether the cure will be permanent is a point which can of course only be determined by subsequent observation; even if not, the patient is for the present delivered from a very annoying infirmity, and has probably a long interval of health, at the expense of a treatment which appears neither painful, dangerous, nor protracted.—*British Med. Journ.*, Jan. 31, 1857.

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Vesico-Vaginal Fistula.—A case of vesico-vaginal fistula was operated on by Mr. Spencer Wells, in the Samaritan Hospital, about ten days ago. The fistula was large, and very high up, its superior edge being the anterior lip of the os and surface of the cervix uteri. The galvanic cautery had been frequently used unsuccessfully, and two previous operations by other surgeons had failed. Mr. Wells used the perforated silver button-plate and shotted wires, recommended by Dr. Bozeman, and was much pleased with their ease of application and the good coaptation secured. Up to the eighth day (our last report), all the urine passed by the urethra, and the woman was doing perfectly well. — *Med. Times and Gaz.*, Nov. 29, 1856.

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Plaster of Paris Bandage.—We had an opportunity of seeing the application of this bandage at University College Hospital lately. It is intended as a substitute for the starch bandage in ordinary use at present, the advantages attributed to it being that it dries much more quickly, and is lighter The former quality causes it, as is said, to sit more accurately, as the patient finds it easier to maintain the same position during the shorter period, so that it is free from the creases which are apt to be produced in the starch bandage by involuntary movements; and the patient is ready to be moved much sooner than when the starch is used. This is a point sometimes of importance in military practice. The bandage was applied at Mr. Erichsen's desire by Mr. Gamgee, who had seen it used abroad. It is said to have been in much favour with Pirogoff at Sebastopol. It is made by rubbing dry plaster of Paris well into an ordinary bandage; a number thus prepared can be kept ready for use. The patient's limb is first enveloped in a roller, and over this the plaster of Paris bandage is applied, slightly wetted (to prevent the plaster from shaking off). As each turn is laid on it is more thoroughly moistened, and then lies quite evenly and comfortably. At any part where more support is required, additional strips of the same can be laid on and supported by turns of the principal bandage. The patient was seen two days after the application. The apparatus was described as very comfortable, and appeared to answer, in all respects, as well as the ordinary bandage.—*British Med. Journ.*, Feb. 14, 1857.

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Biniodide of Mercury in certain forms of Epilepsy.—At St. George's Hospital Dr. Fuller frequently uses the biniodide of mercury, and speaks of the great success he has obtained from it. Two cases of epilepsy at present under his care at the hospital may be quoted in his exemplification. The one is that of a boy, 18 years of age, who came under Dr. Fuller's care about the middle of last November; the other, that of a man at 44, who was admitted a patient in the middle of December. The boy, a plumber by trade, had fractured his skull fifteen months before admission, and began to suffer from epilepsy seven months afterwards. The man, a labourer, fell from a height of thirty feet on to his head nine years ago; had been more or less deaf with the right ear ever since, and began to suffer from epilepsy three years ago. There had been no discharge from the ear, and no decided headache. In both cases, Dr. Fuller attributed the fits to chronic thickening of the dura mater, or, possibly, deposit between it and the bone, the result of the injury. To the boy he gave the biniodide of mercury, and did not have recourse to any local treatment. To the man he also administered the biniodide; but in consequence of the increasing frequency of his attacks, and the gradually increasing deafness, made use at the same time of a seton in the neck. Since the first week of the administration of the remedies neither of these patients experienced the slightest return of the fits. The boy feels quite well, and the man's deafness has greatly decreased. Nevertheless, Dr. Fuller directed that they should continue the remedies for at least another month or six weeks, with the view of completing the removal of the thickening to which he believes the fits to be attributable. Dr. Fuller administers the medicine in a state of solution, and believes that to this circumstance is, in great measure, due the success which has attended its exhibition. The scarlet red biniodide usually employed in medicine is insoluble in water, and when administered in pills is on that account comparatively inert; whereas the biniodide, as given by Dr. Fuller, is perfectly soluble, forms a colourless solution, is readily absorbed, and speedily produces its specific effects. The solution is formed extemporarily by the addition of from five to ten grains of iodide of potassium to ʒj or ʒij of the liquor of hydrargyri bichloridum. In cases such as those above alluded to, Dr. Fuller gives it uncombined with other remedies; whilst in cachectic rheumatism, accompanied by periosteal swelling, he usually combines it with bark and sarsaparilla. In his work on *Rheumatism, Rheumatic Gout, and Sciatica*, 2d ed., p. 413, he says: "The biniodide of mercury kept in solution by an excess of iodide of potassium has proved in my hands the most valuable of all medicines in rheumatism which has supervened in a system tainted by the syphilitic poison, and in several instances has effected a cure after the bichloride had been given in vain." About a month ago we directed attention to its successful employment by Dr. Fuller in cases of deafness supervening on rheumatism, consequent, as he supposed, on some thickening and rigidity about the structures connected with the organ of hearing. He speaks so highly of the good effect of the remedy in so many cases attended by thickening or by periosteal swelling, that he confidently recommends a trial of it in appropriate cases.—*Med. Times and Gaz.*, Feb. 14, 1857.

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Clinical Lecture on Paralysis. By SAMUEL SOLLY, Esq., Surgeon to St. Thomas's Hospital. Lecture I.—GENTLEMEN, Two cases of paraplegia, or palsy of the lower half of the body, now under my care in this hospital, enable me to call your attention in this course of Clinical Lectures to the important subject of paralysis. Paralysis is a term much used out of the profession, and but little understood. It is employed by non-professional persons to designate a cause, not an effect. It is therefore possible that many of you, who are now only commencing your studies, still in the embryonic condition of medical pupilage, may have the same vague ideas of the meaning of the term, and none, I am sure, can know too much, think too deeply, or observe too closely, all that relates to this important subject. The practitioner who can diagnose correctly the causes of paralysis in its early states, will often save both the life and the intellect of his patient; the man who mistakes it, often sacrifices both to his ignorance. The diagnosis and treatment of paralysis fall alike to the physician, the surgeon, and the general practitioner. Woe to you, my young friends, if you do not avail yourselves of the opportunities which the large wards of this noble hospital afford. In a clinical lecture, I shall not of course, enter into a minute disquisition on paralysis, but I must say a few words for the instruction of my younger hearers.

Paralysis may be general or local. Its proximate or immediate cause may be pressure on some portion of the nervous system, or disorganization of it. The ultimate cause may be local violence, such as a fracture of the skull or the vertebral column, effusion of blood as in apoplexy, or a mere "coup de vent," or blast of cold air on the face, inducing facial paralysis or palsy of the portio dura. I have lately had two well-marked cases of local paralysis from a railway accident. In the one there was a deep lacerated wound above the eye, which divided the supra-orbital nerve, and the upper part of the forehead was quite numb; there was entire loss of sensation in that portion of the skin which is supplied in a normal state by that nerve. In the other case the auricular nerve, one of the sensory branches of the fifth, was torn through under the skin without any external wound; the skin covering that side of the head was devoid of sensation.

That form of blindness which the ophthalmic surgeon knows under the title of amaurosis, and the public by the name of gutta serena, is a palsy of the optic nerve, sometimes induced by pressure in the globe of the eye, sometimes by pressure on the nerve in its course from the brain, and sometimes by disease of the brain itself; and so I might continue for the next half hour to give you illustrations of individual forms of paralysis; but trusting that I have said enough to make you understand the meaning of the term, I shall advance at once to special instances of this disease, in the hope of assisting you to distinguish some of its most important and most frequently recurring forms. I wish to assist you especially to distinguish between paralysis arising from disease or injury of the spinal cord and that from disease or injury of the brain. Now, many of the older students will perhaps think this a most easy matter—that a man must be a fool who cannot do so at once—but I assure you that this is a mistake.

In the early stages of paralysis it is often by no means easy to do so. I have lately seen two cases in private practice, in which it was difficult to diagnose the seat of the disease. In the one, a case of spinal paralysis, the disease presented so many of the characters of the general palsy of the insane, that a very intelligent practitioner was inclined to regard it as one of the instances of that sad and I believe irremediable disease. The other, which has since proved to be a complete case of cerebral palsy, was in its early stages supposed to be a true spinal affection. In the first case the patient is recovering; in the other he is sinking into a state of hopeless dementia. As I shall relate the first case at length, I will not say more about it at present. Of the case of general paralysis and dementia I will say a few words.

The subject of it is a man who was once as strong and as healthy as any one of you, but his business was an exciting one, requiring great energy, and tasking the brain to its utmost. In order to supply, and, as he believed, by necessity, the waste which his mental and bodily work created, he used to take a large quantity of wine, thus adding fuel to the fire which was kindled within him. I do not mean that he was intemperate in a worldly sense, for a man may take a great deal more of stimulants than is beneficial to his organization without exhibiting any signs of injury at the time; but of this be certain, that if you want to keep your brains in a state of healthful mental activity, you will take very little. The country gentleman and farmer of the old school might drink their wine, their brandy, and their beer with comparative impunity, for ther brains were dormant, and these stimulants were the only stimulants their brains received; but woe to the man of intellect, the man who has to live by the sweat of his brain, if he attempts to supply by fermented liquors the loss occasioned by mental labour. He may feel better for a time, but he is sure to sink more rapidly in the end. There was another habit, also, in which my patient indulged, and which I cannot but regard as the curse of the present age. I mean smoking. Now, don't be frightened, my young friends, I am not going to give a sermon against smoking, that is not my business; but it is my business to point out to you all the various and insidious causes of general paralysis, and smoking is one of them. I know of no *single* vice which does so much harm as smoking. It is a snare and a delusion. It soothes the excited nervous system at the time, to render it more irritable and more feeble ultimately. It is like opium in that respect, and if you want to know all the wretchedness which this drug can produce, you should read the "Confessions of an Opium-eater." I can always distinguish by his complexion a man who smokes much, and the appearance which the fauces present is an unerring guide to the habits of such a man. I believe that cases of general paralysis are more frequent in England than they used to be, and I suspect that smoking tobacco is one of the causes of that increase.

But I must not detain you any longer from the immediate subject of this clinique. The two cases now in the hospital that I am about to relate, from the notes of my dresser, Mr. Sprakeling, are both cases of spinal paralysis, the one induced by the pressure of an angular curvature of the dorsal portion of the vertebral canal, the other by a blow on the lumbar portion.

William W——, aged thirty-two, compositor, was admitted into Abraham's ward on the 17th of June, 1856. He is an unhealthy, strumous looking man, who states that he never noticed any projection or curvature of the spine till six months ago, but since that time has noticed it gradually coming on. (Let me here remark that this angular curvature is almost always a strumous disease, commencing in the cancellated structure of the bodies of the vertebræ. If you look at this preparation, you will see exactly how it occurs. The body of one or more of the vertebræ being absorbed, the bones above and below fall forward, so as to meet and supply the vacancy. If it were not for this arrangement, our patient's life would not be worth an hour's purchase; for the beautiful protective apparatus of the spinal cord being deficient, its delicate and soft substance would be torn in the first movement that was made. Instead of being slightly pressed, as at present, it would be divided. The angle of the back is the proof that the column is not separated in front.) About six weeks ago, he first began to be sensible of some alteration of temperature in the lower limbs, with numbness and occasional twitchings and rigidity of them. He then began to lose power in them, and for the last three weeks they have been totally paralyzed. At present, there appears to be an angular curvature of the spine in the dorsal region; he seems to have lost the use of the lower extremities entirely, but, with the exception of the feet there is no very perceptible coldness; he has, however, lost almost entirely the sensibility of them. There are occasional spasmodic twitchings and startings of the limbs, but there does not appear to be any tightness over the chest, or dyspnœa. The bowels are costive, but he has not lost control of the sphincters. He has, at times, some difficulty in micturating, with frequent desire to do so, but inability properly to empty his bladder. There appears at present considerable tympanitis, but no great distension of the bladder. His appetite is deficient; urine clear and unsedimentous; pulse 92, of considerable power; tongue clean. Ordered mercury with chalk, two grains every night. A moxa on each side of the spine. (Believing that the cause of the paralysis in this case is the pressure caused by affusion into the canal at the seat of the angular curvature, I have ordered those remedies which I think are more likely to promote the absorption of the offending matter.) He has never injured the spine from a blow or a fall.

June 25. States that he has felt some

tingling in the toes and foot, but there is no increase of sensibility in the paralyzed limbs. He is suffering from indigestion. Dyspeptic mixture, one ounce, to be taken twice a day.

27th. There seems to be a slight increase of sensibility in the left foot and leg. He suffers a good deal from tympanitis. The bowels are only relieved by aperients.

July 5. There is still a good deal of tympanitis, and he complains, and has complained for this last week, of pain in the right hypochondriac region, where there is some tenderness on pressure. The bowels are relaxed. There is a decided increase of sensation in both legs. Pulse small and feeble; tongue clean. Aspect rather improved, as also is his appetite.

11th. Complained on the 9th of a good deal of pain in the bowels and in the right hypochondrium. Ordered, iodide of mercury, half a grain, opium, half a grain, every night. To-day he seems somewhat relieved from the pain, but complains of a good deal of general weakness. Pulse 84, weak; tongue clean.

19th. He does not complain of so much pain in the right hypochondrium or in the bowels, There has been no further improvement in sensation; there are dull aching pains now and then in the legs, with spasmodic startings of them. (I regard these aching pains as a favourable sign; they always precede the natural sensation in the part. I dare say that some of you who are working hard at your profession all day in the hospital have a nap afterwards, previous to commencing your evening work. Occasionally, one of your legs falls asleep, as the ordinary expression is, and it does not awake with the rest of the body. Your leg, in fact, is numb and powerless from pressure on the nerves, usually the popliteal. Now, you must all have remarked that before the natural sensation returns, a most unnatural and painful sensation precedes it—a tingling, or "pins and needles," as we call it. This, on a small scale, and acting very quickly in your persons, is identical with that which is going on more slowly, but I believe as surely, in this patient.) The tongue is clean. The moxa having healed, a fresh one was made to-day.

26th. He continues much the same.

31st. Much in the same state.

Aug. 3. The moxa repeated. Ordered mixed diet.

21st. He has improved but slightly. He states that he often feels pricking sensations and startings in the limbs. Sensation has slightly increased, but there is no power of locomotion. His bowels have lately been much confined, but he has experienced considerable relief, and has felt himself better, after an aperient taken yesterday. He states also that his appetite has much improved, and he feels altogether stronger since he has taken the cod-liver oil. Pulse 84, firmer.

26th. He thinks that sensation in his legs has further increased. Ordered, mercury with chalk, two grains every night

Sept. 20. Repeat moxa. Compound rhubarb pill, five grains every night.

Oct. 8. Within this last fortnight he fancies that there has been a diminution of sensation. Up to this time the paralytic symptoms have remained much in the same state. At present, he has very little feeling in the right leg when touched, sensation appearing to be more perfect in the left. His general health, up to the last three or four days, has improved; he is now, however, complaining of being weak and low-spirited; pulse 76, small and weak; bowels are now confined. To take, iodide of mercury, half a grain, every night.

14th. The paralytic symptoms remain much in the same state. Sensation varies a good deal, being more perfect on one day than on another, but the power of locomotion has not increased. He is often troubled to retain his urine. The state of the bowels varies, being sometimes relaxed, and sometimes confined; pulse small and weak.

Nov. 7. Still improving.

I have very great hopes that this man will perfectly recover. It may require some faith on your part to believe me when I say that those limbs which are now so senseless and motionless will again support his body, obey his commands, and be recognized again by their sensation as a part of his living structure. I have seen and published the recovery of cases quite as unpromising as this. It may take some months yet to accomplish it, but happily, in a hospital, we are not liable to be cut off in our course of treatment by the impatience of the patient or his friends.

In the next case we shall find the improvement more rapid.

Eleanor V———, aged fifty, housekeeper, admitted into Queen's Ward, August 19th, 1856. She is a hearty, strong woman, of florid complexion, who states that she has occasionally suffered from rheumatism, and had an attack of fever twelve years ago, but, with these exceptions, had always enjoyed good health up to her present illness. She states that her mother and three sisters died consumptive, but her father was always a healthy man, and died at the age of seventy-three years. She ascribes her present condition to a fall she had down-stairs two years ago, whereby she hurt "the lower part of her back." Directly after this fall she felt total loss of power in the legs, with numbness, which lasted about an hour, after which she was able to get up and walk about. Soon afterwards, however, she noticed great coldness of the lower extremities, with loss of power in them, which symptoms have gradually increased up to the present time. There is now some coldness of the feet, but not of the legs. There is great loss of power in the legs, and a considerable loss of sensation, but no numbness. She can walk, but is obliged to be supported to prevent her falling. She suffers also from startings and prickings in the legs, and when she moves them, she states that she feels pain in the back. There is no abnormal curvature or malformation of the spine, but she experiences considerable pain when the second or third lower lumbar vertebræ are struck. There is slight incontinence of urine, but her bowels are regular. Her general health and assimilative powers are good. Pulse 120; tongue slightly coated; she has occasional rigors. There is a small ulcer on the left leg, about the size of a sixpence, with a broad red circumference. She was ordered to take two grains of calomel and half a grain of opium every night. Moxa to be made on the side of the spine; water dressing to be applied to the ulcer.

Aug. 27. She thinks that she can move her legs better, and sensation in them has increased; her gums are sore from the mercury. Omit pill.

Sept. 3. She has been gradually improving. She can now stand up for a considerable time, and without pain. The issue continues to discharge well. She says she feels herself getting stronger, and can walk from one end of the ward to the other without support. Bowels regular; tongue clean; pulse 98, tolerably firm; appetite good.

11*th*. Still improving. The sensation in her legs has returned perfectly within the last three days, and she can stand up for a longer time than she could. Appetite good; bowels regular.

13*th*. She says that she can feel a sensible improvement in herself every day. Yesterday she could stand up for a much longer time than usual. She is very comfortable and cheerful.

19*th*. Improving daily. Yesterday she was able to walk to the end of the ward and back again without any assistance. Feels very well, but rather weak.

24*th* (Wednesday). Last Saturday she began to sit up all day, and has continued to do so till the present time; but she is not so well to-day, and is weaker in the limbs. She was ordered to keep her bed again, to have another issue made in her back, and to take an ounce and a half of iodine mixture twice a day.

30*th*. Much the same. She has not been out of bed since the issue was made, and feels out of health from having caught cold. Tongue rather furred; bowels regular. Ordered one grain of iodide of mercury and half a grain of opium every night.

Oct. 7. She has recovered from the cold, and feels considerably better. Tongue cleaner.

13*th*. The gums are now swollen and tender. She can now raise her legs up in bed, whilst lying in the recumbent position, which she was unable to do on her admission. She also, this morning, walked across the ward without assistance. She is now able to retain the urine, and the bowels act regularly. Sensation in the legs is perfect. She is not troubled with prickings or startings in the legs now. Pulse full; appetite good.

One peculiarity in this case—and it is a peculiarity of great importance in a practical point of view—is the length of time which elapsed between the occurrence of the injury and the paralytic symptoms—nearly two years. Let this fact warn you, when you are engaged in private practice, to give a very guarded prognosis of the consequences which may ensue from a blow on the spine, and let it remind you to inquire particularly as to the antecedents in a case of paraplegia, where the causes are obscure and the diagnosis consequently difficult. This again brings to my mind the case that I referred to at the commencement of the lecture, and which I wish to relate to you in connection with this subject; but I find by the time which has elapsed I must reserve it for another time.—*Lancet*, Dec. 13, 1857.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Quarantine Convention.—We earnestly invite the attention of the profession to the Quarantine Convention which it is proposed shall convene in Philadelphia on Wednesday the 13th day of May next, and ask their co-operation in aid of the project.

The necessity for the entire revision of the laws of quarantine in this country, which, with few exceptions, are oppressive, inconsistent, and inefficient, has been long felt and acknowledged.

The Board of Health of Philadelphia deeply sensible of this, and desirous that a uniform code of laws should be established for this country—a code which, while it shall offer the fewest interruptions to our active commerce shall at the same time effectually prevent that commerce from becoming the channel for the introduction of disease—in October, 1856, appointed a committee to "correspond with the Boards of Health of New York, Boston, Baltimore, and New Orleans, on the propriety of calling a convention of delegates from the various local Boards of Health in the maritime cities of the United States, for the purpose of conference in the relation to the establishment of a revised and uniform system of quarantine laws."

Having received the hearty concurrence of the bodies thus addressed, to the measure, the Board of Health of Philadelphia have issued a circular calling a convention and inviting delegates from the Boards of Health, Boards of Trade, and from two regular medical societies in each of the seaboard cities of the United States. The number of delegates to be at the pleasure of the Board or Society making the appointment.

A certified copy of the names of the delegates should be addressed to the Chairman of the Committee, "Health Office, Philadelphia."

The Committee appointed by the Philadelphia Board of Health, as delegates to the Convention, as well as to carry out the foregoing proposition, are, Wilson Jewell, M. D., *Chairman*, Joseph R. Coad, M. D., William Bonsall, William Gallaher, M. D.

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American Medical Association.—The *tenth* annual meeting of this association will be held at Nashville, Tenn., on Tuesday, May 5th, 1857.

All bodies entitled to representation in the association will very much facilitate its affairs by sending lists of their representatives, at an early period, to R. C. FOSTER, Sec. Am. Med. Assoc., Nashville, Tenn.

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Naval Medical Board.—A Board, consisting of Surgeons James M. Greene, President, Lewis B. Hunter, J. M. Foltz, Members, and Passed Assistant-Surgeon, Washington Sherman, Recorder, are now in session in Philadelphia for the examination of Assistant-Surgeons for promotion.

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Matriculants in Medical Colleges at the Session 1856–7.

University of Pennsylvania,	453
Jefferson Medical College, Philada.	488
Medical College of the State of South Carolina (Charleston),	234
Medical Department of the University of Nashville,	419
New Orleans School of Medicine,	67
Medical Department of the University of New York,	313
Cleveland Medical College,	72
Rush Medical College (Chicago),	149

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Medical Graduates in 1857.

University of Pennsylvania,	149
Jefferson Medical College,	212
Med. Dep. of Pennsylvania College,	58
Massachusetts Medical College,	17
College of Physicians and Surgeons, New York,	37
Starling Medical College,	18
University of Buffalo,	15
Med. Depart. University Nashville,	137
University of Louisville,	50
Miami Medical College,	31
Medical College of Ohio,	31
Cincinnati College of Medicine,	5

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Protection of the Public against Quackery.—A bill has been introduced into the Legislature of North Carolina to incorporate the North Carolina Medical Society. This bill provides for the appointment by the Society of a *Board of Medical Examiners*, whose duty it shall be to examine all applicants for a license to practise medicine, and no person shall be entitled to practise without such a license, and the license only to be granted to graduates of a medical college.—*Monthly Stethoscope*, March, 1857.

Todd and Bowman's Physiological Anatomy and Physiology of Man.—We are pleased to announce the completion of this valuable work. The second section of the fourth and concluding part has just been issued by Messrs. Blanchard & Lea. We should have given this part in this Journal, had we not been restrained by several weighty considerations. The Library Department was preoccupied by West's Lectures, the publication of which it would be disadvantageous to interrupt, and it was not desirable to postpone the publication of Todd and Bowman's Physiology until after the completion of West's Lectures. Again, some of our old subscribers, who had received the first part of Todd and Bowman's work, are no longer on our list, and we have very many new subscribers who do not possess the early parts. In order, therefore, to lay before the profession at the earliest period this important work, and to enable all parties to complete their copies, it has been published separately and the several parts may be obtained by all who desire to do so. The parts will be furnished on the following liberal terms:—

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OBITUARY RECORD.—Died, at Monticello, near Fayetteville, N. C., Dr. BENJAMIN ROBINSON, aged 81 years, 52 of which were spent in the laborious practice of his profession. Dr. B. was highly esteemed and respected. The medical faculty of the city of Fayetteville, the justices of the county and the citizens of Fayetteville, at public meetings held for the purpose, severally adopted resolutions expressive of their grief for his loss, and testifying their respect for his memory.

FOREIGN INTELLIGENCE.

Æthesiometer.—Considerable interest has been excited by an instrument which it is proposed to call an æthesiometer, exhibited at a recent meeting of the Harveian Society by Dr. Sieveking. It is constructed for the purpose of measuring the comparative sensibility of different parts of the surface, and consists of a rod of bell-metal, graduated into inches and tenths of an inch, upon which two movable points slide. The distance at which a person is able to distinguish the points as two separate impressions is a test of the sensibility of a given part. Thus, a person in health is able to recognize two points at the tips of the fingers which are less than one-tenth of an inch apart; in paralytic conditions this space would widen in proportion to the amount of insensibility; and the instrument, by measuring this space, becomes a physical test of considerable accuracy of the existence and extent of paralysis of sensation. Dr. Sieveking stated that the ordinary mode of determining the amount of sensation in such cases, by pinching or pricking the patient, did not afford sufficiently satisfactory results, but that he found the instrument which he exhibited useful as an aid to the physical diagnosis of some nervous affections, and determining by actual measurement the progress of the disease. Generally speaking, the purposes of diagnosis would be met by comparing the two corresponding points of the two sides of the body, but where an absolute standard of comparison was required, Weber's table, showing the sensibility of different parts of the body, and given in *Müller's Physiology*, would afford this.—*Med. Times and Gaz.*, Feb. 28, 1857.

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Solvent Properties of Glycerine.—Advantage is being taken of the solvent and preservative properties of glycerine, in the preparation of medicines, both for internal and external use, and of various essences for culinary purposes. Glycerine approaches very nearly to diluted alcohol in its solvent power. It is supposed to possess the same power of supporting nutrition as cod-liver oil, and to be more easily digested in many cases. This, however, requires the confirmation of experience. Many specimens have been sent us of medicines prepared with it, such as iodide of iron, quinia, iodide of quinia, carbonate of iron, iodine, tannin, perphosphate of iron, &c. The culinary preparations are essence of cloves, essence of cinnamon, lemon juice, lemon flavouring, &c. The flavour is well preserved. It is extremely probable that in many cases glycerine will supersede alcohol as a solvent and preservative.—*Med. Times and Gaz.*, Feb. 28, 1857.

Cancer Caustics.—These are the order of the day. Go where we will, chloride of zinc, sulphate of zinc, the chlorides of antimony and iron, and their action on cancer, are the subjects of conversation. Dr. Simpson's caustic and a weak solution of chloride of zinc are being tried extensively both in public and private. Mr. Moullin has used the chloride of zinc in a less dilute form, and brought before the Medical Society last Saturday two tumours of the breast he had so removed, the one of 8 years', the other of 20 years' standing. Both cases were patients of the Westbourne Dispensary. The chloride of zinc was applied after the integuments covering the entire tumour had been destroyed by the application of nitric acid. It was used in the form of a thin paste, made of equal parts of the chloride and thick mucilage, and spread upon linen. It was applied over the whole raw surface, and covered with cotton, which was allowed to remain till next day. The dressing then being removed, incisions were made to the depth of the destroyed part (about one-eighth of an inch) and one-third of an inch apart from each other. These caused no pain. The chloride of zinc paste, now spread upon strips of linen, was inserted in each incision, and covered over with cotton. One hour after the dressing the patient began to feel a sensation of heat in the part, which lasted for three or four hours, not at any time amounting to pain. She slept well. Next day the same process was repeated, and continued for fifteen successive mornings, when the whole tumour was destroyed. Separation now commenced, and on the thirty-third from the first application, the tumour fell out, leaving a perfectly healthy surface, which gradually healed, and is now quite sound. The history of the other case is much the same, except that in the second there was a large fungous growth on the upper part of the breast, which was also completely destroyed, after fourteen dressings, and enucleated in forty days, having the same healthy appearance as the former, and progressing equally well. Mr. Moullin stated that Mr. Haviland had assisted him in these cases. The results of this treatment are very similar to those obtained by Dr. Fell, and the scoring of the slough is a practice very probably in imitation of the American Doctor. The tumours are doubtless removed, and the resulting cicatrix is firm, but whether the patient is in so good or a better condition than if the tumour had been removed by the knife is quite another question.—*Med. Times and Gaz.*, Feb. 14, 1857.

[In connection with the above remarks, we commend to the attention of the reader the following just observations, from an editorial article in a late number of the *British Medical Journal* (Feb. 7, 1857). They place the subject of the *cure* of cancer in its true light:—]

"Cancer is something more than a local disease. What is the value of his life, in whom the smallest item of cancer exists? How long do they live from whose bodies cancer-masses have been removed? Removing the local disease, then, is not curing cancer. This is all trite enough. Now, Dr. Fell does not, we presume, pretend to do more than to attack the local disease. He does then just that which, heretofore and now, surgeons have done and do. But his method contains an especial virtue, and its speciality lies in this, that his means of ablation act more surely, safely, pleasantly, and completely, than do those means heretofore used for the removal of the tumour, viz., the knife and ordinary caustics.

Here, then, is the fact reduced to its simplest terms, and stripped of all hazy romance. The situation of Dr. Fell before the profession is clear and definite. *He has no new cure for cancer, but only a new method of removing the local tumour*—one more perfect and effective than the methods in daily use."

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Prizes at the Imperial Academy of Sciences of France.—The Academy has decreed its Cuvier prize to Prof. Owen, for his Researches in Anatomy and Physiology. The prize for Experimental Physiology of 2000 francs has been decreed to Dr. Waller, an Englishman settled at Bonn, for his researches on the Spinal Ganglia. For his discovery of the application of amorphous phosphorus to the manufacture of lucifer matches, the Academy has awarded a prize of 2500 francs to M. Schrotter. In the department of medicine and surgery, the Montyon prizes of 2000 francs each have been awarded to Dr. Simpson for the introduction of chloroform into surgical and obstetrical practice; to M. Malgaigne for his work on fractures and dislocations; to M. Jules Guérin, for having generalized the subcutaneous method; and to M. Stilling for his microscopical researches upon the spinal cord. Numerous other rewards of 1000 francs have been adjudged, and amongst others to M. Middeldorpff for the employment of the electrical current as a means of cauterization; to M. Brown Séquard for his observations upon the results of lesions of the spinal marrow; to M. Boinet for his researches on iodine injections in disease of the ovary; to M. Guillon for his mode of dilating strictures of the urethra; to M. Faux, for his researches on asphyxia; and M. Philippaux, for his new views on the action of caustics. The grand prize proposed by the Academy of Physical Sciences for 1847, and postponed in 1849 and 1853, and 1856, having for its subject the development of the embryo, has now been decreed to M. Lereboullet, of Strasburg; and another grand prize—subject, the distribution of organic fossils in the tertiary strata—has been decreed to M. Brown, of Heidelberg.

The next Alhumbert prize of a gold medal, 2,500 francs in value, will be for the following subject, "The fecundation of the ova, and the structure of the organs of generation in the principal natural groups of the class of Polypi, or of that of the Acalephæ.

The *Breant Legacy* of 100,000 francs has been left for the foundation of a prize, to be decreed to whoever discovers the causes or the means of cure of the cholera. Until the prize is adjudged, the interest of the capital is to be given to whoever may be deemed to have advanced our knowledge respecting cholera or other epidemic disease, or to any one who will point out the means of radically curing *dartres.—Med. Times and Gaz.*, Feb. 14, 1857.

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Imperial Society of Medicine of Constantinople.—Whatever may be the ultimate results of the late war, on the civilization of the Turkish Empire, it appears that medical science and the state of the profession are likely to be advanced and benefited.

Nowhere is such a motley crowd of medical practitioners (qualified and non-qualified) to be found as in Constantinople: English, French, Italians, Greeks, Armenians, Jews, Turks, &c., may fairly be said to represent every system that has ever been propounded in medicine. Though it had been long felt that it would be of the greatest interest to bring all these different physicians together, and of great advantage in promoting a good understanding among them, the scheme of forming a Medical Society, though sometimes contemplated, could never be carried out, owing to the jealousy of so many conflicting nationalities, and the local difficulties of habitation and practice.

It having struck Dr. Pincoffs, one of the physicians of the Scutari hospitals, that the circumstances which during the late war brought an additional influx of medical officers, offered peculiar opportunities for carrying out such an object, he succeeded, on the 13th of February, 1856, in effecting a meeting of the chief medical officers of the English, French, and Sardinian military hospitals, and of the leading physicians of Constantinople; they then resolved that they would assemble regularly so long as the war should last, with a view of ultimately establishing a permanent Medical Society at Constantinople.

M. Baudens, Inspector-General of the French hospitals in the East, was elected President; Dr. Linton, Inspector-General of the Scutari hospitals, and Dr. Fauvel, Physician to the French Embassy and Médecin Sanitaire de France, Vice-Presidents of the Society.

The Society has ever since met regularly every fortnight; the all-engrossing feature of the French hospitals—typhus fever—has formed the topic of the principal papers and discussions; and, if we say that physicians of all nations, and belonging to all schools, have spoken on the subject, we are sure that our readers will look forward with interest to a detailed account of the proceedings, shortly to be published by the Society itself, and which will contain a vast amount of individual observation. We take from the *Union Médicale* (Procès Verbaux de la Société Impériale de Méd. de Const., Juin—Septre, 1856), the names of the different medical men who have read papers and have spoken at the meetings: Of the French Military Hospitals, Doctors Cazalas, Thomas, Nettes, Jacquot, Valette, Pastureau, Barudel, Baudens, Quesnoi, Garreau, and Grellois; of the Naval Hospital: D. Arnaud; of the English Hospitals: Drs. Dryce, Freund, Pincoffs, Temple; of the Turkish Army: Dr. Bonelli; of the Constantinople Physicians: Drs. Fauvel, Caratheodory, Sotto, Pardo. The names of two Russian physicians, sent by their Government to observe the typhus fever in various localities, are now also found: Drs. Alferieff and Moering.

Since the departure of the allied armies, Dr. Fauvel, a man of acknowledged scientific and professional standing, has been the President of the Society; the Council is formed of some of the principal physicians of Constantinople, and the Society numbers above forty resident, and several honorary and corresponding, members. One of the chief statutes of the Society, that none but properly qualified practitioners are to be members, will contribute not a little to raising the standard of the profession. The Society have been fortunate enough to obtain the patronage of Fuad Pasha, the Minister for Foreign Affairs. This distinguished statesman, who has the most enlightened views on all matters, is fully able to appreciate the benefits likely to result from such an association for Turkey, the more so as he has himself studied medicine; he has accepted the title of honorary member, and procured from the Sultan a *Berat*, granting to the Society the title and privileges of an Imperial Society of Medicine (*Djemieti Thebiei Chabane*). It is also probable that the Society will obtain a considerable pecuniary grant from Government; and it intends publishing a periodical account of its transactions.

The interest of such a publication will be all the greater, from the circumstance that the members of the *conseil de sante* (board of health) are members of the Society. This board has paid medical correspondents throughout the Levant, and as far as the borders of Persia and India; it will thus be easily understood that much valuable information on those countries (involving questions of epidemics, quarantine, and other matters of scientific and commercial importance) may be imparted and diffused by this channel.—*B. & F. Med.-Chirurg. Rev.*, Jan., 1857.

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Medical Reform in Great Britain.—We are happy to learn that at last there is a prospect of a good measure of reform being carried through Parliament during the present session.

"The proposed bill (according to the *Lancet*, Feb. 21, 1857) goes to establish a 'General Council of Medical Education and Registration for the United Kingdom,' to comprise branches for each division of the United Kingdom respectively, which shall be established for the purpose, as is provided by the Act, of effecting uniformity of education in the United Kingdom; of regulating the several subjects on which candidates for the diploma on letters testimonial of the respective licensing bodies shall be examined, and of determining as to the fitness and efficiency of medical schools; and the modes of the annual publication of the registries of duly qualified practitioners. The Council is to consist of representatives of the medical corporations and universities of the United Kingdom, and of persons whom her Majesty, with the advice of her Privy Council, may appoint, being persons qualified to be registered under the Act, and not being members of Council or office-bearers of the said corporations. The representatives of the medical corporations and universities of England, Scotland, and Ireland, are the members nominated by her Majesty for each division of the United Kingdom, shall be the Branch Councils for the division of the United Kingdom respectively. The bill directs the time within which the Council shall meet after its being enacted. It next makes provision for the appointment of the registrar and officers by the General Council, and by the Branch Councils. It directs that the fees and travelling expenses of members of councils are to be approved by the Secretary of State for the Home Department, and it makes provision for the payment of expenses of the councils. It provides for the registration of all persons in practice before the passing of the bill who are legally or educationally qualified, and after its enactment none but those qualified in conformity with its provisions will be eligible for registration; and it directs the publication annually of a register of all duly-qualified practitioners. It secures preliminary education for all those about to commence the study of medicine or surgery. It directs how the examination of candidates is to be conducted in the three divisions of the United Kingdon, and secures the efficiency of examinations by the appointment of a visitor or visitors to be present. Registered practitioners are to belong to the colleges of the country in which they reside. The accounts of the medical councils are to be annually published. The bill secures uniformity of qualification throughout the United Kingdom; and all persons registered under its provisions, not being physicians, will be entitled to demand and recover in any court of law, with full costs of suit, reasonable charges for medical and surgical aid, advice, visits, and medicine, rendered or supplied to patients; and none but registered persons to recover charges. According to its provisions, none but those registered under the bill will be eligible for any appointment of officer of health, physician, surgeon, or any other medical office in the military or naval service, or for any hospital, jail, prison, work-house lunatic asylum, &c., requiring a medical officer; and it is made penal for any person to assume or use any name, title, or description implying that he is registered under the Act, and for any such offence penalties are recoverable on proof or admission before any two justices of the peace acting in and for the county, city, or place in which the offence has been committed. The Act directs the publication of a 'British Pharmacopœia' for the United Kingdom by the General Council, and according to its provisions it shall be lawful for her Majesty to grant to the Colleges of Physicians of London, Edinburgh, and Dublin, to the College of Surgeons of Edinburgh, and the Faculty of Physicians and Surgeons of Glasgow, new charters of incorporation, neither of which is to contain restrictions on the practice of medicine or surgery. Nothing in the Act shall extend or interfere with the lawful trade of the chemists or druggists, or with the privileges of the existing duly-licensed apothecaries in Ireland.

[The recent defeat of the Ministry, and the consequent proposed dissolution of Parliament, will cause again the postponement of this measure.]

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London Sausages.—London sausages, including the subdivisions of saveloys, black-puddings, and polonies, have always been regarded as somewhat dubious articles of food; being neither fish, flesh, fowl, nor good red-herring. The process of their manufacture has been described as equivalant to a practical illustration of the adage, "Give a dog a bad name and hang him." Horses, dogs, and cats are reputed to startle with prophetic dread at the sound of a sausage-machine; and writers on instinct can adduce no parallel incident to that recorded by the disconsolate sportsman, who, whilst regretfully whistling the summons of his lost Ponto, observed some sausages in a neighbouring window simultaneously wagging their tails. We have lately learned that these insinuations present the proceedings of London sausages-makers in a rather favourable light. It appears that they consider tender young horseflesh, the meat of a defunct poodle, or the mortal remains of a cat that has departed her ninth life, as

> "Too good
> For human nature's daily food."

It is their custom, as reported by one of themselves, to convert into sausages meat entirely unfit for human consumption; whether rendered putrid by keeping, or unwholesome by the diseased condition of the animal which supplied it.

Our information concerning the poisonous influence of diseased or tainted meat has hitherto been principally derived from continental sources This is not due to any supereminent honesty on the part of our British dealers, but to the absence of any effectual system of medical police in this country, until the appointment last year of the Medical Officers of Health. One of these gentlemen—Dr. Aldis, of St. George's, Hanover Square District—recently applied to the magistrate for an order to burn or bury a quantity of offensive and putrid meat (amounting to a hundred weight and a half) lying on the premises of a sausage-maker in Grosvenor Row, Pimlico, which was being converted into sausages. Dr. Aldis and one of his inspectors described the filthy state of the meat. The defendant then observed, "It would be quite useless for him to think of carrying on business if proceedings like the present were to be taken against him, for there was not a sausage-maker in London but where the same description of meat was used." As regards this man personally, we may remark that it is possible society would recover the shock, even if he were to shut up shop.

Now, the experiments of Gaspard and Magendie have proved that putrid animal matter introduced into the system of healthy animals induced a disease closely resembling the typhoid fever of man; and Dr. Christison records a case where the lives of a whole family were jeopardized, and one of its members died, from partaking of broth made from meat like that above described. Amongst our London poor, who consume the abominable garbage of which, according to the above statement, cheap sausages are composed, it is not unusual to meet with cases of fever, the cause of which is involved in mystery; and it is impossible to believe that putrid meat, however spiced, may be eaten with impunity, especially by a half-starved human being, living in a vitiated atmosphere, and often with a gin sodden constitution.

More than this, there occasionally occur, amongst our poor, cases of disease of a most anomalous kind, and presenting many of those indefinite symptoms which accompany the disease recognized in Germany as due to unwholesome sausages, and distinguished as a special kind of poison. In Wirtemburg, there occurred, in twenty years, 152 cases, distinctly traced to the "sausage poison;" and of these 84 died. In districts where the sausages are eaten fresh, the disease is correspondingly rare. The symptoms are slow in progress and most indefinite: abdominal pains; tormina; oppressed respiration; irregular action of the heart; constipation, sometimes alternating with diarrhœa; diminution of the secretions and of nervous energy; a hoarse voice and frequent cough; a cold skin, with the hands and feet dry and hot. These are laid down as the most marked symptoms due to the influence of the animal poison, and which wear away the thread of life until death finally ensues from syncope. Now it is in no way proved that the sausage poison of Germany is confined to that country. On the other hand, we have it stated by a manufacturer, that the putrefation most likely to generate a poisonous condition is the normal state of the sausages supplied for the food of the poor of London. The subject is one deserving earnest attention; especially as we are warned that the terrible murrain which in 1745 destroped 80,000 cattle in one year, is now approaching our shores. It is evident that the conscientious folks who cut up decomposed flesh into sausages would be little likely to feel any qualms of conscience about the conversion of diseased meat to the same purpose.—*Lancet*, Feb. 28, 1857.

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The Influenza at Paris.—The influenza is prevalent at Paris, and is said to be more generally spread among the community than at previous visitations. Its symptoms, however, are not of a severe character.

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Congress of Oculists at Brussels.—Brussels has of late become famous for its congresses on educational and statistical questions; and now we find one proposed for the ophthalmologist. They are invited by a committee composed of the following members: MM. Fallot, Bosch, Hairion, Van Roosbroeck, and Warlomont. It is intended that the meetings should take place on the 13th, 14th, 15th, and 16th of September next, *i. e.*, immediately prior to that of the German Scientific Association, to be held this year at Bonn, on the 18th. Besides various other topics which will be brought under discussion, Military Ophthalmia, and the employment of the Ophthalmoscope, are to hold prominent places. All communications favourable to this project are to be addressed to M. Warlomont, 27 Rue Notre Dame aux Neiges, Brussels. —*Med. Times and Gaz.*, Feb. 21, 1857.

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Æsculapius the Son of Apollo.—It is said that the great Boerhaave was more proud of his success as a flutist than of his scientific glories. Haller, the universal genius, was an accomplished musician, and delighted in taking his part on the violoncello. Orfila, in place of becoming the founder of modern toxicology, had well-nigh turned his magnificent baritone voice to profit on the stage. M. Bataille, one of the most admired of the singers at the *Opera Comique*, is a doctor of medicine; and a young *agrégé* of great promise, and possessed of a beautiful tenor voice, has deserted the Academies of science for that of music. Quite lately too a M. Hans, a young man 21 years of age, has made a promising *début* in Lablache's character in Norma, at the *Theatre Italien*, and is engaged for next season in London. He is the son of the celebrated Rokitansky, of Vienna —*Med. Times and Gaz.*, Feb. 7, 1857.

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Consumption of Tobacco in Paris.—The product of the sale of this substance in Paris, which in 1839 was but 9,647,783 francs, amounted in 1854 to the sum of 17,765,256 francs. Within that space of time the quantity of tobacco employed by the Parisians in pipe-smoking has doubled, and that used in cigars quintupled, while snuff taking has sensibly declined. Taking the probable number of persons above 15 who employ tobacco in Paris at about 420,000, we find that in the year 1854, each would smoke nearly 4 lbs. of tobacco, 143 cigars, and 4 cigarettes. Taking tobacco that is used in smoking in any way, and adding to it that employed for chewing, each individual may be calculated as consuming 5 lbs. avoirdupoise annually.—*Ibid.*

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Excisions of the Head of the Femur.—Four cases in which excision of the head of the Femur has been recently done in the London Hospitals are all promising to give good results. The boy formerly mentioned, under the care of Mr. Hancock, in the Charing Cross Hospital, has quite recovered; and the one under Mr. Erichsen's care in University College is doing well. The third, a boy of about five years, under Mr. Ure's care in St. Mary's, is so well as to be able to get out of bed, though the limb operated upon is, of course, not yet useful. We might fairly say of this and of Mr. Erishsen's that although in both much swelling about the hip still exists, it has not been found practicable to keep the limbs in good position, yet the relief to the irritation of the system, etc., by the operation, has been most marked. The patients are both of them emaciated little boys, and great difficulty has been encountered in so applying the straight splint as to keep the limb in a line with the body. Indeed this difficulty of managing the limb afterwards constitutes one of the greatest drawbacks to the operation as compared with other excisions. Were it possible to fix the part as completely as in the case of the knee-joint, and at the same time allow the patient a little freedom to change position, etc., we have no doubt that resections of the head of the femur would do much better, and find much greater favour with the profession. The fourth case is one in which Mr. Stanley operated about a fortnight ago at St. Bartholomew's. The patient is a lad of 13, whose health was rapidly failing under advanced disease of the articulation. Since the resection he has done very well. The limb is in excellent position, and although the discharge is very profuse, yet he seems to

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Published monthly by BLANCHARD & LEA, Philadelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage.*
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be improving in strength.—*Med. Times and Gaz.*, April, 1857.

Oblique Fracture of the Leg: Section of the Tendo Achillis.—Two cases, at present in Guy's Hospital, under Mr. J. Birkett's care, illustrate the advantage derived in some cases from section of the tendo Achillis in oblique fracture of the leg. In each case there is a fracture of both bones of the right leg, that of the tibia running very obliquely downwards and inwards. The lower fragment, being tilted forward by the action of the gastrocnemius upon the heel, causes a projection on the skin at the upper end of the fracture, although the subcùtaneous surface of the bone is quite regular. In one case (that of a boy), the fracture has been treated merely by position and extension. In the other, an old man, in whom the projecting lower fragment was very nearly through the skin, the tendon was divided; and the result now is that, notwithstanding his age, and the greater severity of the injury, the prominence, though perceptible, is not nearly so great. In both patients, the foot is of rather a peculiar shape, and the heel very prominent.—*Ibid.*

Singular way of attempting the Reduction of Hernia.—An old remedy for the cure of obstruction of the bowels was the swallowing of a portion of mercury, which was to force its way through the affected parts, to dilate the stricture or uncoil the twisted intestine; and occasional instances of the success of this rough plan are found in writers on the subject. The same principle was illustrated in an extraordinary manner in the case of a patient examined after death at Guy's Hospital the other day. This was a woman who had been suffering from strangulated femoral hernia during five days before her admission. The hernia was, with some difficulty, reduced by the taxis. Shortly afterwards diarrhœa came on, under the exhausting effects of which she gradually sank. It was noticed that she passed a good quantity of small shot in her motions; and on interrogating her, it was found that she had been recommended by some friend to swallow a spoonful of shot, in order to force open the passage of the bowel. After death, numerous grains of shot were found firmly impacted in the appendix cæci vermiformis.—*Ibid.*

Cancer of the Testicle in an Infant.—On last Tuesday week, at the Metropolitan Free Hospital, Mr. Hutchinson excised the testicle of a child on account of medullary cancer, and partly from the very early age of the little patient, the case was of much interest. He was a stout, well-grown boy, of two years and three months, still at the breast. The disease having been first noticed ten months ago, he could at the time of its commencement have been scarcely a year and a half old. Two of his father's sisters had died of cancer of the breast. The testis was enlarged to the size of a fist; the opposite being not larger than the tip of a finger. It was rounded and tense, and in most parts the skin of the scrotum adhered to it. Numerous enlarged veins crossed its surface; no enlargement of the lumbar glands, or thickening of the cord, could be detected on careful examination. Mr. Hutchinson stated that he felt very confident in the diagnosis; but in order to remove all doubt, immediately previous to the operation (the child being under the influence of chloroform), a grooved needle was thrust into it, and the soft matter which it brought out placed under a microscope which stood by. This showed well characterized cancer elements, and the operation was at once proceeded with. A considerable portion of the scrotum was removed, and the incisions were made to extend far back under the most depending part of the tumour; the object being to provide a free escape for the matter which would have to form. The structures of the cord, which was quite healthy, were included in a single strong ligature. No other arteries required ligatures. Mr. Hutchinson stated that he had encountered so much trouble from bleeding occurring a few hours after the operation, where the vessels of the cord only had been tied, that in this case, from the age of the patient, where the vas deferens and other structures were but little developed, and the cord thin, and where also blood was of great consequence, he preferred to adopt the old practice of tying the cord *en masse.* The specimen, after removal, was an excellent example of medullary cancer. No trace of the gland structure could be seen. There did not appear to have been any inflammation about it; nor were there any extravasations of blood into its structure—facts which corresponded with the history of its growth having been quite painless.

With regard to the age of the patient, we believe that the case gives us an example of one of the youngest on record. When cancer does occur in childhood, it is generally located either in the bones or the eye; and it is very rare indeed for an organ like the testis, then little more than rudimentary, to be attacked.—*Lancet*, March 14, 1857.

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Cure of Vesico-Vaginal Fistula.—There is now in the Samaritan Hospital a very interesting case under the care of Dr. Snow Beck, in which a vesico-vaginal fistula of twenty-three years' standing has been completely cured. Dr. Beck adopted a novel plan, namely, by destroying the callous edges of the fistula with the galvanic cautery, removing the slough by scraping a few days afterwards, and bringing the raw edges together by hare-lip pins and sutures. The woman was carefully examined last Tuesday by Dr. Paget and Mr. Spencer Wells, and the union appeared to be perfect, six days after removal of the pins. We shall give a fuller account of this case in a future number.—*Med. Times and Gaz.*, April 4, 1857.

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Rupture of the Perineum.—J. Baker Brown, Esq., operated, on Feb. 18th, at St. Mary's Hospital, on his *fiftieth* case of ruptured perineum. The case was one in which the sphincter had been torn completely through, and the anus and vulva thus laid into one cavity; in fact, the most formidable variety of this affection. The operation was done in the manner usual with Mr. Brown; *i. e.*, by paring a large triangular piece on either side, with its apex at the anus, making two incisions through the sphincter, leading obliquely backwards from the anus, and uniting the parts by means of two quilled sutures passed deeply through the parts, and interrupted sutures to the edge. The after treatment consists in bringing the patient rapidly under the influence of opium (a dose of two grains being given immediately after the operation, and one grain every six hours subsequently), and allowing generous and nutritious diet from the time of the operation. The urine is to be drawn off frequently, to avoid the risk of any running over the wound by accident, and getting between its edges.—*British Med. Journ.*, Feb. 28, 1857

Traumatic Cataract of Forty Years' standing. Extraction and Restoration of Sight.—A man, aged 49, was admitted under Mr. Bowman's care all but blind. His left eye had, during the last year, become amaurotic and sightless, and his right was the seat of a dense white traumatic cataract, the result of a stab with the prong of a fork forty years ago. He could but just discern light from darkness. After examination with the ophthalmoscope it was evident that nothing could be done by treatment for the amaurotic eye. The man stated that since the accident to the right he had, until the last year, enjoyed perfect vision with the left. Mr. Bowman determined to perform extraction in the right. This was done by a modified operation through a small opening in the cornea. With glasses, the man can now see well, and can read the smallest type. The case is of interest in showing for how long a period the retina in the cataractous eye will retain its functional integrity.—*Med. Times and Gaz.*, March 14, 1857.

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Use of Sutures in Strabismus.—The operation for squint has of late been much discussed, and the subject brought before the professional public. Mr. Haynes Walton modifies his accustomed operation by the use of sutures to bring the divided conjunctiva together. It is probably well known that he incises the conjunctiva to a very limited extent, close to the cornea, and endeavours not to interfere with the cellular ocular sheath, believing that by such a course prominence and eversion of the eyeball are prevented. He is very much pleased with his recent practice, which, we understand, is not uncommon on the Continent. The dropping of the caruncle, and the slight vacancy at the inner corner of the eye—effects more or less visible in the majority of cases, but seldom much marked in his style of operating—almost disappear under the suture system. It might be thought that the stitches would produce irritation, and so act injuriously, the suspicion of which long deterred Mr. Walton from employing them. They are not in any way prejudicial. There is just one little practical matter that should be observed, namely, to insert them at the very edge of the cut, in order that the conjunctiva may not be made tense. The needle should be round rather than flat, because if the edges or sides are even moderately sharp they will cut out of the membrane. Mr. Walton employs two stitches, and allows them to remain two or three days. It would hardly be supposed that union by the first intention would occur; but it really does, when the edges of the incision are carefully adjusted; and this is no difficult matter. Instead, therefore, of an open wound, with the probable occurrence of fungous vegetations from the one or other of the sides of the retracted membrane, and redness of the eye for a long period, there is a rapid and complete union, and early loss of the violence of the operation, besides the other important advantage that has been mentioned.—*Lancet*, March 28, 1857.

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Glycerine and Borax in Cracked Tongue.—Dr. Brinton has under his care an inveterate cracked tongue, which (like that of the late Charles Mathews) had baffled all attempts at alleviation for many years. It could not be referred to any syphilitic poison, and rendered eating, and especially speaking, very painful. Dr. Brinton made use of a favourite remedy of his in such cases, viz., borax dissolved in a lotion of glycerine (Price's Patent Candle Company's) and water (two scruples, one ounce, and four ounces respectively). It at once gave marked relief; and after a few days, during which it was the only remedial agent, the improvement seemed increased by iodide of potassium and bark, taken internally. The patient has now considered himself well, and discontinued the lotion for some weeks, and the cracks are only visible as depressions in the mucous membrane.—*Lancet*, March 28, 1857.

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Affections of the Sheaths of Tendons.—M. Thierry recently drew the attention of his class to an affection of the sheaths of tendons, described by Velpeau under the name of Aï, and observed in workmen who employ twisting movements and wield heavy hammers. Thus, gold-beaters and rope-twisters are liable to it. On feeling the region which is swollen, or putting it into action, a sensation of crepitation is imparted, like that felt by crushing snow between the fingers. Its seat is the tendinous sheaths of the muscles of the forearm, especially of the extensor and abductor pollicis, and the radialis externus. The affection may be cured in about a fortnight by the application of compresses, moistened with the essence of turpentine, and kept on by means of a moderately tight bandage.—*Moniteur des Hôpitaux*, 1856, No. 104.

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Enucleation of Uterine Tumours.—There is at present under the care of Dr. Oldham in Guy's Hospital, a very interesting case in which the propriety of attempting the enucleation of a large fibrous tumour of the uterus has been under consideration. The tumour projects into the vagina but also extends upwards nearly as high as the umbilicus. Repeated hemorrhages have occurred, but the woman is as yet in fair health. In some remarks upon it, Dr. Oldham stated to the students, that although he had seriously thought of it in this instance, yet surgical interference with these tumours in a general way he regarded with much dread. Very few attempts had been made in English practice, and of those in the Paris Hospitals he believed a large majority had proved fatal. At any rate, he thought the rule should be never to meddle excepting when the hemorrhage was so profuse as to endanger life. He had no faith whatever in the so-called absorption of fibrous tumours, but of this there was no doubt, that they not unfrequently became quiescent and ceased to be the source of trouble. Further, they might also be spontaneously cured by sloughing out, an event, however, of great rarity. The patient has derived great benefit from a six weeks' rest in the recumbent position, and we believe that for the present Dr. Oldham intends to defer the operation contemplated.—*Med. Times and Gaz.*, Nov. 29, 1857.

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Urethral Lithotomy.—Three weeks ago Mr. Ward in the London Hospital performed the modified urethral lithotomy operation recently known as Allarton's. The patient was a delicate boy of 4 years of age. Two small stones were removed and the case has done well. The prostatic urethra was dilated sufficiently to admit the operator's forefinger. It is needless to say that the operation was admirably performed. Mr. Ward has hitherto been a staunch advocate for the straight staff and Key's knife, and this is the first instance in which, in public at least, he has deviated from their use. He stated as his reasons for doing so, that the simplicity of the urethral mode seemed to claim for it a trial. He was pleased with it, but did not think that it required at all less skill or regional knowledge than the ordinary operation. He had found no difficulty in thoroughly exploring the bladder with the finger. The great difficulty of accomplishing this satisfactorily must, however, we fear, be cited as a serious objection to the method. Two cases have recently occurred in the London Hospitals in which operators have left small calculi in the bladder, having in each instance avoided the incision of the prostate.—*Ibid.*

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What are Internal Hemorrhoids?—Preparatory to entering upon any questions as to their treatment we must a little clear the way by a few words as to the real nature of internal hemorrhoids. That "internal piles," in their ordinary form, are dilated or varicose veins of the anus, may now safely be pronounced a relic of bygone and very mistaken pathology. If cut across they bleed most profusely; but the hemorrhage is arterial, not venous; and if tied, there is little or no risk of phlebitis. On dissection they show scattered, small, venous cysts, but these are minute in proportion to the mass; and should a large coagulum be found, it has more the appearance of being the result of extravasation than the contents of a varix. They are not at all more liable to occur in those who suffer from varices in the legs, etc., or varicocele, than in others. The *dilatatio venarum* theory has, indeed, been specifically renounced by most of the recent teachers and writers on the subject. Mr. Salmon is very positive in his opinion on this point, and he is supported to the full by Mr. Ashton and Mr. Syme. And here the distinction between external and internal piles must be borne in mind; the former, a rare and comparatively unimportant form, are admitted by all to be venous. External piles have, when the skin is thin, the uniform bluish tint of a vein, which cannot well be mistaken, while the purple colour of the internal one rather resembles that of the intense congestion of almost strangulated mucous membrane. External piles may be snipped off, and there is no danger of bleeding after the vein has once emptied itself; internal ones, if cut away, bleed continuously and profusely, and their hemorrhage, as just stated, is arterial, not venous.

We come, then, to the question, What are internal hemorrhoids? and to this the answer must be, that they consist of prolapsed folds of the mucous membrane lining the sphincter, extremely vascular and hypertrophied and thickened by long constriction. In children the parts about the rectum, the sphincter, etc., are lax, and the mucous membrane is very loosely connected to the muscular one; hence their liability to large prolapse, which in them always comprises the whole circumference of the bowel. In adults, however, the sphincter is more firm, and the mucous and muscular coats much more closely connected; hence the great rarity of circular prolapse. From the necessity that the mucous membrane lining the sphincter itself should be capable of wide dilatation during defecation, an arrangement has resulted, however, by which during the closed state of that muscle, it is thrown into longitudinal folds, which are smoothed out when it opens. Between these folds, which, first described by Morgagni, are known as Morgagni's columns, the mucous and muscular coats are more closely united to each other, whilst beneath them, the intervening cellular tissue is, of course, loose. These columns vary in number from three to six. By reference to this arrangement, the reason why extruded piles almost always present the appearance of being divided into lobes is easy to be assigned.* Mr. Salmon defines piles as prolapsed Morgagnian columns, hypertrophied and rendered vascular by constriction, and states that their division into segments corresponds in number with the number of the columns in the individual. Thus, then, we have it clearly explained upon anatomical grounds why children almost never have piles, and why adults so very rarely have circular prolapse, and also why adults who have circular prolapse never have "piles," as a complication; the latter fact being one, which, upon the old view of their being distinct conditions, it would be very difficult to account for. We have already adverted to the importance, in respect to treatment, of this view of their nature, and how well it coincides with the results of practice. No one would fear ill consequences from tying up a mass of congested and thickened mucous membrane, while every surgeon would shrink from the risk attendant on putting ligatures on bunches of inflamed veins.†—*Med. Times and Gaz.*, March 21, 1857.

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* It is this division in lobes which has so much strengthened the idea of their being dilated veins.

† It is but right to state that the reader will find opinions widely differing from the above, as

Hemorrhoids in a Child.—It is a very unusual circumstance indeed to meet with piles in a child, but especially of any magnitude; yet, on the 4th ult., a boy three years old was brought to Mr. Erichsen, at University College Hospital, with an external pile, the size of a small filbert, on the left verge of the anal aperture, which he had had for some time. It was snipped off with a pair of scissors and a bleeding vessel tied, no chloroform being given. Hemorrhoids are really uncommon until the age of puberty. Mr. Ashton mentions, in his work on the Rectum, the case of a child under two years of age, under his care, suffering from several external piles, and refers to others in children of five and seven years of age, in the former complicated with stone in the bladder. Mr. Curling states that they rarely occur before puberty. Whilst on the subject of piles, we may refer to a case, some months back at King's College, in which we saw Mr. Fergusson excise a pile from an elderly man, which, on slitting up, contained a clot of blood the size of a pea. Sometimes the simple slitting up of a pile will produce a cure, but it may be necessary to do it a second time to the same pile. In this patient there was also a fissure of the anus, which was remedied by cutting through a portion of the sphincter ani.—*Lancet*, March 7, 1857.

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Clinical Lectures on Paralysis. By Samuel Solly, Esq. Lecture II.—In my last lecture I referred to a case of paralysis, which I considered so instructive that I feel no apology is necessary for again introducing it to your notice, although it has not occupied a bed in the hospital. The diagnosis was obscure, and at first there was no palpable cause of the paralysis: the history gave us the clue. This history is peculiarly instructive. It will show how an injury, which at the time of its occurrence being thought lightly of, was ultimately the cause of much suffering and distress. It will be a warning to you to treat seriously all severe blows on the spine, and to give a guarded prognosis as to the future. It shows also that the advent of serious symptoms in such cases is very varied, and sometimes so obscure that the real nature of the disease may easily be mistaken and misunderstood.

H. P——, a stout, tall, muscular man, aged 56, of regular, temperate habits, in comfortable circumstances, and free from any serious causes of anxiety, first consulted me, by the advice of his usual medical attendant, Mr. Carpenter, of Croydon, on the 24th of January, 1856: from him I principally obtained the following history: He has suffered, for the last eight or nine years, from a relaxed condition of the mucous membrane, at times affecting the bowels, but more especially the throat and bronchial membrane. In 1851, there was a great deal of general debility and rheumatism, and he was then much benefited by the baths at Buxton. In 1852 he was still out of health, and took riding exercise. In September of the same year, when near his own door, and sitting carelessly on his horse, the animal suddenly started, and threw him on the ground, striking the loins violently. He rose, almost at once, and, declaring himself but little hurt, walked home. But after an hour or two he experienced violent pain in the loins, lower part of the back, and stomach; and he was lifted into bed with difficulty. For a few days the lower limbs were almost powerless, and slightly numb. His bowels would not act without medicine, and appeared to him to be partially paralyzed; his medical attendant at the time told him it was so. Frequent use of the hip-bath restored him rapidly, and within a fortnight he resumed his usual active habits, feeling no effect whatever from the accident. Indeed, so complete apparently was the recovery that he forgot the accident, and never attributed his present condition in any way to its occurrence.

About a year after this he stumbled in going down stairs, missed his footing, but recovered himself by great muscular exertion. He felt the jar of this very much at the time, and I have no doubt of this second accident having contributed to the mischief from which he afterwards suffered.

The next circumstance in his life that should be referred to as possibly bearing on his symptoms is, that he was called upon, by the death of his managing partner, to take a very active share in his business, both mentally and physically; in fact, that more work was thrown upon the brain than it had been accustomed to. In addition to this, he

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to the nature of internal hemorrhoids, in the works of Mr. Curling and Mr. Quain. That dilated veins are sometimes met with, constituting internal piles, is fully admitted, and we shall have to advert to that form of disease very shortly; we believe, however, that it is exceedingly rare and exceptional.

moved from a healthy, airy situation to a damp and confined locality, and with it a total change of habits as to exercise and recreation. He worked hard for rather more than two years, when his health began to give way; that was about June, 1855. He became at times restless, excited, and unnaturally irritable, yet refusing to take any relaxation; very sensitive to sudden sounds or to jolts in a carriage, however slight, and was out of spirits about his own health.

August, 1855. He complained of pain and stiffness in the neck, which was attributed to a cold caught by sitting in a draught, and was treated as such with lotions and embrocations as for a stiff neck. The pain fluctuated, but neither it nor the stiffness ever entirely subsided. Flying rheumatic pains attacked him, and his whole state of health and spirits gave great anxiety to his family. Not yielding to the medical treatment which was adopted, he very reluctantly agreed to go to Brighton for a week. With the first day's rest, he seemed to break down. The rheumatic pains about the back, chest, and limbs, became very severe, the stiffness in the neck increased, and in about a fortnight afterwards he became subject to spasms round the loins, which he described as clipping him, and was attributed to a loaded state of the colon. The bowels were sluggish and flatulent. The spasms abated a little after a course of aperient medicine, but they never subsided till towards the end of July, 1856. The rheumatic pains ceased in December, but the limbs became more and more powerless, and the stiffness of the neck increased. A blister was applied, which relieved him for a few days only. Mustard poultices were tried in the region of the spasms, and several embrocations, some containing chloroform, but without any effect. The bowels never acted without medicine, and even then they appeared to him to act without any control or will of his own, but as if the feces came away simply by their own weight. The urine at this time became turbid. The sleep at night was very disturbed from pain, and was accompanied by profuse perspirations, which became very offensive.

A slight rally enabled Mr. P—— to leave Brighton, and return home, but he then became rapidly worse, all the above named symptoms increasing in intensity; the countenance became drawn, the complexion livid, the look when asleep very distressing, the lips and eyelids unclosed and drawn as in a dying man. His intellect was as clear as ever, but he could not attend to business without producing headache, flushing of the face, and a quickened pulse, and when over, immediate sleep, as if from exhaustion. At this time, though usually extremely cheerful, he could not bear the sound of more than one voice, and anything like a discussion was most distressing.

Up to this period, the remedies were directed to his general health. A pill containing a small quantity of mercury, to act upon the liver, hydriodate of potash after every meal, cod-liver oil and quinine, and a sedative at night of aconite and cajeput oil. Mr. Carpenter, who saw him at this time (Dec. 29th), has thus described his condition:—

"As I entered the room, he rose, by the assistance of his hands upon the sofa, and jerked himself into the erect posture; he then walked forward a step or two, slowly and steadily, as if balancing himself upon his legs, with the feet somewhat separated. Whilst speaking to him, he had a spasm, which caused him to exclaim. This he referred to his sides. When he sat down again, it was with a sudden drop, and if he wished to lay down on the sofa, he was obliged to raise his legs into the horizontal posture by means of his hands, or by his attendant's assistance. When he had been in the recumbent posture for a short time, his limbs became stiff, as if the joints were rusty, and he was obliged to have them moved before he could use them himself. His nights were disturbed with frequent spasms, some of them producing a complete shriek. They were increased if he tried to lay on his side, especially on the right. I also noticed at this time a certain degree of tremulousness in his speech, with a certain amount of restlessness, which, after a few days of careful watching, led me to fear the supervention of general paralysis. Every unfavourable symptom was aggravated by any exercise of the mind, and the least attention to business was followed by a greater want of power. His flesh felt firm, and the pulse was quite regular and steady, about 74; tongue clean; skin moist."

This gentleman, in continuation, remarked: "There was now and then sudden loss of power in the right leg and arm, which soon passed off, but it left a weakness and numbness for some time."

It was about this time that I was first called in by the earnest wish of the gentlemen in attendance, for neither the patient nor his wife, who is a remarkably intelligent woman, were at all alarmed by these symptoms. They regarded them as simple indications of disturbed digestive organs, and rheumatism, and, as they have told me since, that when Mr. C—— first hinted at paralysis, they thought it was the error of a young practitioner. Now, however, they are aware how much they owe to his careful observation.

When I first saw this case I found it very difficult to determine in what portion of the nervous system was the disease on which the paralysis depended. There was much that pointed to the brain as the seat of the disease, viz., the unnatural irritability, and inability to attend to business; but these symptoms, as I have already mentioned, I have often seen accompanying disease and disturbance of the spinal cord, especially in its early stages. The spinal cord is never seriously affected without the brain sympathizing.

[You will find in the thirty-fifth volume of the *Medical Gazette* a most interesting case of spinal paralysis, attended with much disturbance of the brain, detailed in a clinical lecture which I then gave on this subject. The history was drawn up by the patient, himself a medical man. He has since recovered from the paralytic affection, and that his mind was not injured, you will well understand when I tell you that he is one of the most intelligent contributors to Dr. Forbes Winslow's admirable *Psychological Journal.*]

The hesitation in his speech, and manner of speaking, was not unnatural to him, though, if new, it might have been considered indicative of disease. The paralytic affection being more marked on the right side of the body was in itself very suggestive of disease on one side; brain hemiplegic.

To those of my hearers who are young in the profession I may observe that, if we have disease on the left side of the brain, so certainly do we have paralysis on the opposite side of the body, and *vice versâ.* The anatomical reason for this you will soon discover in the decussation of the motor and sensory tracts in the medulla oblongata. But, my friends, you must not regard such a sign as deciding the question. You may have the disease so limited to one side of the spinal cord, and to the nerves of one side of the body, that hemiplegia may exist without cerebral disease; and such, I am happy to say, proved to be the case in this instance.

The cause of this hemiplegia appeared demonstrated a few days afterwards in the shape of a large swelling extending down the right side of the vertebral column, especially in the lumbar region. The history of the case also indicated the spinal cord and its nerves as the seat of mischief. We could not but remember that, at the time of the first accident, he had, though only for a short time, the same amount of paralysis. Having, then, determined that the lesion was of the spinal cord, not of the brain, we still had to determine whether the spinal cord was affected secondarily, through an injury or disease of the bones and invertebral substance, or through some disease of the ligaments. You have already observed, in the instance of the poor fellow whose case I related in my last lecture, how sensitive the spine is over the seat of disease, and I know no deviation from this rule. In a doubtful case, where there is no deformity to guide you to the seat of the disease, the locality is almost invariably detected by tapping the spine from the head to the tail. This should be done with great care. In some the diseased spot is exquisitely tender, and in all pain, or at least a jarring sensation, is perceived on reaching it. But in this case no amount of tapping over the bones of the vertebra elicited the slightest painful sensation.

The next point to decide, was the condition of the ligaments. This was tested by requiring our patient to twist his spine himself; or, in other words, to put first one set of ligaments on the stretch, and then another. These movements immediately gave him pain, more especially in the lumbar region. He could not rotate the upper part of the body on the lower without enduring, not merely pain, but sometimes positive spasm of the diaphragm, sometimes cramps in the glutei muscles and sometimes in the psoas. Pressure on the right side of the spinous processes of the eighth dorsal vertebra, where he said the spasm seemed to spring from, also was distressing to him.

In addition to the symptoms of paralysis which have been already mentioned, I must not omit to describe his condition in bed. He was so utterly unable to turn himself over, or to raise himself from the recumbent position, without assistance, that a naval friend contrived a system of ropes and pulleys, by which his wife was able to hoist him up without assistance.

Having, then, decided on the seat of the disease, we had next to consider the extent and cause of the lesion. We could not but remember the accident in seeking for a cause. The paralysis which existed at that time, though very evanescent, was identical in extent and character. Still it was strange that it did not reappear earlier. The rheumatic diathesis served as an explanation to much which would otherwise have been mysterious. You must all know, that if any man who has had a sprain or an injury to a joint is attacked with rheumatism there, it is sure to find out the injured part, and first locate itself there. And so I believe in this case, which we now regarded as one of rheumatic inflammation of the ligaments of the spine causing some effusion into the vertebral canal, and consequently pressure either on the cord itself, or, more probably, on the nerves in their exit. The swelling on the right side of the spine confirmed this view. It was the serous effusion which we see always taking place in the neighbourhood of joints suffering from disease of ligaments or cartilages. We have two or three good illustrations of this fact in the hospital, more particularly of the knee-joint. The swelling is not caused by the enlargement of the tissues which are inflamed, but by serous infiltration of the cellular tissue which surrounds the joint. It was upon this view of the case that I made a deep incision through this swelling down to the spine; and the relief afforded by this "stab in the back," as my friend called it, was immense. From that time, the improvement in his paralytic symptoms may be first dated. But in explaining the pathology of the case, I am forestalling my account of our treatment.

His urine was loaded with lithates, and was evacuated easily; the action from the bowels was still leaden and scybalous, and only procured by constant purgatives and enemata. There were also frequent feelings of faintness, which induced him to take freely of stimulants. On examining the action of the ribs, it was found that they did not move freely, and that respiration was in a great measure performed by the diaphragm, whilst the stethoscope did not detect anything abnormal in the lungs or heart. The first medicine employed was the iodide of potassium, but without much improvement. Strychnine was next given in small doses, in compliance with the suggestion of one of his former attendants, but for only a few days, as it seemed to be prejudicial.

On the 26th of January, the caustic potash was applied to the neighbourhood of the eighth dorsal vertebra, and a slough, about the size of a florin, was the result; at the same time, hyoscyamus pill, four grains, with compound extract of colocynth, one grain, was given every night, and an occasional calomel and scammony pill as an aperient. The slough was more than nine weeks in separating. About the same time, also, attention was paid to his position whilst in the recumbent posture, and he found great comfort from one of Alderman's prone couches. The quantity of stimulants was much diminished; claret was substituted for the Spanish wines and beer. Under this plan of treatment the spasms became less frequent, the loss of power in the right side not so evident, and the power of voluntary expulsion from the rectum returned, the bowels acting, therefore, more regularly.

Feb. 29. The tongue, mouth, and throat presented several little ulcers, which teazed him, and somewhat increased his distaste for food, although he still ate heartily. His medicine was now changed for a short time for the nitro-muriatic acid; but on the 3d of March, as there was no improvement of his paralysis, the bichloride of mercury was given, whilst the compound iodine ointment was freely applied all over the back, especially upon the now considerably increased enlargement on the right side of the vertebral column. About this time he had a frequent, hard, and straining cough, with the occasional expectoration of a teaspoonful of blood. No source of this hemorrhage could be detected by stethoscopic examination; we therefore concluded that it came from some ulcer in the pharynx, of which we could see several in the throat. A soothing cough mixture was prescribed for this, and in a short time it subsided, as the ulcers healed, and it has never returned.

March 11. The first issue being nearly healed, a second application of the potassa fusa was made a little to the right side of the sixth cervical vertebra. The slough from this separated much more rapidly than on the previous occasion; at the same time, the gums began to show evidence of mercurial action, and his general condition improved very much.

19*th.* We ordered one grain of iodide of mercury, and this was continued until May 28th, the gums being kept slightly tender. Aperients were given occasionally, when the bowels required them.

The rectum had now completely recovered its power, and his rest at night was very satisfactory. After the 5th of April, the back was painted with iodine regularly, so as to remove the cuticle frequently, and the potassa fusa applied for the last time to the lowest issue.

About the end of April, he began to complain rather more of the pains in his neck and back of the head, principally indicating the edges of the trapezius muscle. He also suffered more frequently from cramps of the thigh and glutei muscles. About this time swellings took place on the sternum, and over the sterno-clavicular and costal articulations, soft and fluctuating, evidently periosteal, not painful, but tender to the touch, and evidently still more interfering with the movements of the thorax. We combated the disease of the spine by the application of blisters to the nape of the neck, and very stimulating embrocations. The power of the legs kept gradually and more rapidly increasing, and with the relief he became more cheerful and more active.

The mercury was omitted on the 28th of May, and the guaiacum mixture with colchicum given three times daily; belladonna and opium freely rubbed in between the shoulders; occasional blisters applied to the chest, and at times a brisk purgative given. The improvement continued without any interruption, except that he suffered rather more pain with the changes of weather; but he was now able to take a good deal of exercise, and he walked without any appearance of paralysis.

Early in July he went to Buxton, but he did not derive much benefit from the baths on this occasion. Since he returned home, he has, however, been gradually improving, and has evidently derived benefit from the lemon-juice which he has taken since his return. In fact, he may now be considered convalescent as far as the paralysis is concerned, and the rheumatic poison is fast abandoning its varied position, so that in a short time I think the whole territory will be pronounced free from disease.

The practical instruction which you derive from this case is the fact that all cases of paralysis are not incurable; that your success, however, depends on a correct diagnosis, for there can be no doubt that if this case had been treated as one of those sad cases of general paralysis accompanied with general debility, by means of tonics, &c., that the disease would have been aggravated, and perhaps incurable. If, on the other hand, the paralysis had been entirely ignored, and the case treated as one of congestion of the liver and obstinate constipation, the spinal disease would have advanced unchecked, until the structure of the spinal cord had become irremediably disorganized by the pressure exercised by periosteal and ligamentous thickening, with serous effusion. If, on the other hand, it had been one of those cases of anæmic or asthenic paraplegia, which are so insidious and so obstinate, where there is no evidence of any disease of the protective apparatus of the spinal cord, then all our issues, blisters, iodine ointment, and other local counter-irritants, with the internal administration of mercury, would have rendered the disease still worse, and hastened the fatal tendency. In these cases, gentlemen, a correct diagnosis is everything, and the rarity of the case must be my excuse for its relation, in the hope of assisting you in recognizing its features, if such should, at any future time, present itself to you in practice.—*Lancet*, Dec. 20, 1856.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

American Medical Association.—We beg our readers to bear in mind that the Association will meet this year in Nashville, on the first Tuesday (5th) of May, and we trust that all the delegates who can conveniently attend will consider it their duty to do so. The Legislature of the State have granted the hall of the House of Representatives for the meeting of the Association.

The weather at the south at this season is sufficiently warm to be agreeable. It has been remarked, however, and perhaps with some justice, that when the meetings are held at the north a later period in the year would be preferable. The Annual Convention of the Connecticut Medical Society, held soon after the meeting of the Association, at Detroit, adopted a resolution recommending the Association to change the time for holding the annual meetings so that those held in the northern cities might take place at a later season of the year.

The Committee of the Physicians of Nashville, appointed to prepare and publish a list of the most practicable and commodious routes of travel, have given the following:—

"The list below embraces some of the first roads in the country, traversing picturesque and interesting regions. Delegates from *New England and Northeastern States* can reach this city by vessel from New York, Boston, or Philadelphia to Charleston, S. C., and thence by railroad, via Augusta, Ga., Atlanta, Ga., and Chattanooga, Tenn.; or from different points in that section, by railroad to Washington City, and thence *via* Richmond, Va., Weldon, N. C., Wilmington, N. C., Branchville, S. C., Augusta, Ga., Atlanta, Ga., and Chattanooga, Tenn. The western routes from that quarter are by steamboat from Pittsburg, or by railroads westward through New York, Pennsylvania, Ohio, and Indiana, to Louisville on the Ohio River, and thence by the United States mail line of large and splendid stage coaches (via Mammoth Cave, Ky.), through in 36 hours to this city; or from Louisville down the Ohio River to Smithland, Ky., and thence by steamboat packet line to this city.

"*From the Northwestern States*, by steamboat down the Mississippi River, and by the Illinois Central Railroad to Cairo, Illinois, and thence by steamboat packet line to this city.

"*From the Southwestern States*, by steamboats on the lower Mississippi and its tributaries, connecting at Memphis, Tenn., and Cairo, Illinois, with the packet lines plying to this city; or at Memphis with the Memphis and Charleston Railroad, *via* Huntsville, Ala., to Stevenson on the Nashville and Chattanooga Railroad to this city.

"*From the Southern and Southeastern States*, by the various railroads traversing Virginia, North Carolina, South Carolina, Georgia, and Alabama, and connecting with the Nashville and Chattanooga Railroad at Chattanooga, Tenn., and by the stage lines continuous with the Tennesse and Alabama Railroad, terminating in this city.

"As has been the custom at the various points at which the Association has held its meetings, the Committee trust to be able to effect an arrangement with the proprietors and superintendents of the various lines of travel owned in the city whereby a *liberal reduction of fare* will be granted to the delegates."

—

Unique Obstetrical Case.—We extract the following marvellous narrative from a late number (March, 1857) of the *Nashville Jl. Med. and Surg.*):—

Decherd, Tenn., Jan. 15, 1857.

PROFS. BOWLING AND EVE:—Gentlemen, I send you a report of the following *unique obstetrical case*, as an example of what our mountain women can undergo with impunity, that you may contrast it with the cases occurring in your large cities, where woman is so far removed from a *state of nature.*

Mrs. H., a stout, healthy woman, about 25 years of age, the wife of a poor labouring man, and the mother of one child, became pregnant a second time, and the "*function* of labour" took place under the following circumstances:—

Having approached very near her full term, but not feeling any symptoms of labour, and being desirous of visiting her father, she, on the 26th of April last, walked to the house of her father, a distance of five miles, accompanied by her husband and child. The next morning they set out on their return home, and had not gone far before she began to experience symptoms that indicated the approach of labour, and the farther they travelled the stronger became the symptoms. Having arrived within one mile and a half of home, the pains became quite strong, and her husband insisted on her stopping at a neighbour's house near by, but she preferred going on and trying to get home before lying-in. The next mile of their way lay over what is known in the neighbourhood as "little mountain," which is a rough, rocky ridge, a few hundred feet high, situated some miles distant from the main range of Cumberland Mountains. As the party began the ascent of the mountain, a black cloud commenced rising above the horizon. The party continued to climb the mountain, the cloud continued to ascend the "steep of heaven," and the poor woman's pains continued increasing at an alarming rate. The party gained the summit of the mountain just as the cloud come over their heads, and the woman's pains likewise gained their utmost intensity; and there, on the top of that rugged mountain, while the windows of heaven were "wide open," and the rain falling in torrents, while the thunder was shaking the mountain to its centre, and the wind was blowing a hurricane, the woman sat down at the root of a tree and gave birth to a *fine son.*

As soon as the worst of the storm had passed over, the husband left his wife and children, and went on in the direction of home, to the nearest neighbour's house, to procure some dry blankets, quilts, or something of the kind, for his wife. On his return back he met his wife—she had taken off her dress, and wrapped the child and after-birth up in it—the cord not yet being divided, and was *carrying it* on one arm, and leading the other child, making her way towards home. So much rain had fallen, that it was impossible for her to get home without wading in the water nearly to her knees for some distance. And before she could get home she had to cross a ten-rail fence, which she did with her babe in her arms. The balance of her way was over a newly-ploughed field, through which it was then very difficult to walk. A couple of ladies seeing her going home in so bad a condition, went to her house, and by *persuasion* they got her to bed. A gentleman of the vicinity soon came in, and after hearing the history of the labour, he asked the husband how he felt while his wife was in labour. He answered that he was greatly alarmed. The wife spoke up and said, that "she couldn't help being *tickled* to see how badly scared he was."

The next morning she got up and prepared breakfast for her family as usual, and has attended to her household affairs ever since, without any inconvenience.

The child was named Thomas Jefferson, and is still living and doing well.

Most respectfully,
Jos. C. Shafard.

Naval Medical Examining Board.—This Board, recently in session in New Orleans, have reported the following candidates for Assistant-Surgeon in the Navy, as having passed a satisfactory examination: Algernon S. Garnett, of Va.; Frederick Van Bibber, of Va.; Jno. W. Sanford, Jr., of N. Carolina; H. B. Trist, of D. C.; Thos. J. Charlton, of Ga.; Charles Lownders, Jr., of Maryland; and Chas. E. Living, of S. Carolina.

Medical Graduates in 1857.—We continue the list from our last number, p. 54.

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Obituary Record.—We regret to see announced, in the Wheeling papers, the death of Dr. S. P. Hullichen, which took place on the 1st of April. Dr. H. had acquired great reputation as a dentist, and also as a surgeon, and was highly esteemed as a public spirited and honourable man.

A public meeting of the citizens of Wheeling was convened to concert measures to pay respect to his memory, at which resolutions were adopted expressive of the sentiments of the community, and in favour of erecting a monument in testimony of their respect for his memory.

The medical faculty of the city of Wheeling, the city council, and the Wheeling Hospital Association severally held meetings, at which resolutions were adopted, expressive of their regret at the death of Dr. H., and testifying respect for his memory.

FOREIGN INTELLIGENCE.

New Researches respecting the Supra-renal Capsules.—The *Moniteur des Hôpitaux* for the 10th of Feb. last, contains a letter from Dr. Brown-Sequard, dated Phila., 11th Jan., 1857, in which he relates some further investigations made by him in regard to the supra-renal capsules.

M. Philipeaux, in a note presented to the French Academy in November last, announced that when death takes place after the removal of the supra-renal capsules, this should be attributed not to the absence of the functions of these organs, but either to inflammation of the cellular tissue surrounding the kidneys, or to peritonitis, or hepatitis, or to traumatic hernia of the intestines.

Dr. Brown-Séquard shows by experiments that such is not the case, and he arrives from them at the following conclusions:—

1. That if these organs are not essential to life, they are at least highly important.

2. That their functions are as important as those of the kidneys, for when they are removed, death occurs generally in a shorter time than after the removal of the kidneys.

If these conclusions are correct, he says, the fact verified by M. Philipeaux, that life may continue after the removal of both supra-renal capsules, depends probably on this, that the functions of the capsules may be performed by other organs when these are wanting. It is the same, then, with the capsules, as occurs with other glands the secretions of which are effected by other glandular organs. The congested condition of the thymus and thyroid, which is observed in animals deprived of their supra-renal capsules, seem to show that the former glands fulfil in a supplementary manner the functions of the latter, when these are deficient.

—

Quinium.—At the meeting of the Imperial Academy of Medicine, on the 24th Feb. last, M. ROBINET, on behalf of the committee on secret and new remedies, read a report on a new preparation of cinchona, named *quinium.* A memoir on this subject had been addressed to the academy by the agents, at Havre, of the house of Delondre. This preparation has been made from cinchona bark, which could not be employed for the manufacture of sulphate of quinine. —*Moniteur des Hôpitaux*, 3d March, 1857.

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Honey as an Excipient for Pills.—M. THIBAULT believes that much of the disappointment following the employment of pills arises from their, as ordinarily prepared, acquiring a degree of induration that prevents their solution, and enables them to traverse the alimentary canal unchanged. To prevent this he recommends the employment of honey: pills prepared with it, always remaining soft, however long they may be kept.—*Bulletin de Thérap.*

—

Treatment of Erectile Tumours by Nitrate of Potash.—M. MANGENOT, having accidentally heard of the dispersion of a cutaneous congenital nævus by means of the application of nitrate of potash, resolved to try its efficacy in the case of his own infant; the nævus, in this case, though small, increasing in size. The moistened finger was dipped in the powder, and the nævus gently rubbed with it. A small bulla, as observed in *herpes labialis*, was formed, and the tumour shrank away, so that one other application sufficed for its entire suspension. In four other cases the same results have followed the use of the nitrate of potash for nævi of the face; and in a fifth case, in which a nævus, 4 centimetres in diameter, existed on the shoulder, the same application removed it in two months.—*Bull. de Thérap.*, tome 52, p. 37.

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Amputation of the Cervix Uteri, by the Ecraseur.—Dr. MCCLINTOCK has recently performed this operation in Dublin. Not half an ounce of blood was lost.

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Tannin in falling-off of the Hair.—Dr. LINTNER, alluding to Dr. Landerer's recommendation of the employment of tannin as a remedy for falling-off of the hair, states that he has employed a somewhat similar formula with repeated success. Pure tannin gr. j, spt. saponis (a solution of Castile soap in spirit) ℥vj. This is well rubbed into the head every evening, some pure grease being applied in the morning. When the hair has ceased to fall off, the application may be continued once or twice a week.—*Buch. Rept.*

—

Diseased Meat for Food.—In our last No. (p. 59), we gave an account of London sausages, which was not calculated to whet the appetite for that description of food. We shall now present some statements which have recently been made with regard to the character of the meat, sometimes offered for sale in the London markets. We are persuaded that what is here stated will apply, to a greater or less extent, to the meats sold in most large cities. Independently of the disgust which must be felt at the idea of eating such food, it must be productive of disease in those who partake of it. The great Hebrew lawgiver was fully aware of this, and wisely enacted rigid and effectual laws to protect his people from using such meats. In many large cities, feeble attempts have been made at such a sanatory measure by the appointment of inspectors, but their utter inefficiency is demonstrated by the revelations of Mr. Gamgee and others. That some further means of protection should be adopted is loudly demanded, and most earnestly would we call the attention of the authorities to the subject.

It is known that some years ago carcasses of cattle which had died at the west from milk sickness, or trembles (a disease peculiar to certain new districts at the west), were salted and sold at the south, and that those who partook of it seriously suffered in health. At the present time an epidemic prevails among hogs at the west, and it is said that the carcasses of those which die of it are prepared for sale. On the continent of Europe a disease or murrain is now prevailing among the horned cattle, and should it extend to this country the cupidity of traders will doubtless tempt them to a similar course.

—

Diseased Meat in London, and the Cattle Epidemic. Danger to the Public Health.—Mr. J. S. Gamgee, in an article in a recent number of the *Lancet* (March 21), makes the following statement:—

"On Monday morning last, the 16th inst. (March), I proceeded to the New Cattle-Market in Copenhagen Fields, to inspect the live and slaughtered cattle. The live beasts were generally extremely well conditioned and thoroughly sound; but standing amongst them were *three diseased beasts.* One of these was emaciated and hidebound, with *abscesses* in various parts of the body, particularly over the region of the head and neck. From the clinical observations I made on diseased cattle nine years ago, I believe this case was most probably one of pyæmia following typhoid fever. A second beast was in ill health—viz., thin and feverish, but I could not make a precise diagnosis. The third diseased beast was a fat one; it was lying down, moaning, looking round anxiously at its flanks; pulse 110; respiration 45; pleuro-pneumonia.

"I now proceeded to the slaughter-house of the market. In that slaughter-house I saw five carcasses, three of oxen, two of sheep. One of the latter was of magnificent shape and condition, so far as fat was concerned; but the whole carcass had a uniform dusky red colour, evidently the result of a general infiltration with blood serosity. The carcass having been trimmed and completely dressed for the butcher, I had no means of inspecting the viscera. Two of the oxen were much emaciated, and had apparently died from typhus or typhoid fever; they presented numerous bloody extravasations in the subcutaneous, intermuscular, and sub-pleural cellular tissues. I should have required to see the intestines, in order to state accurately the nature of the disease, but those viscera had been removed. The third oxen was large; moderately fat; pleuro pneumonic. I carried away the lungs of this beast; they were infiltrated with solidified plastic matter in almost their whole extent; so that, whereas their average weight should have been about eight pounds, it was twenty-seven pounds. The disease was in its acute stage. Although the carcass had been very skilfully trimmed and dressed, the flesh in the walls of the chest and abdomen bore unmistakable marks of disease. The slaughterman stated that these carcasses would be conveyed to the city markets, where they would be *sold as food.* In his opinion, those carcasses were not diseased, nor would they be considered such by the city meat inspectors. He even maintained that the lungs were not diseased; he said that they only contained congealed healthy blood!

"I proceeded, on the 17th inst., to the Mansion-house, with a portion of the above diseased lungs, and of a healthy lung, to demonstrate the difference. I was not permitted to make a statement of the facts in open court, the clerk stating such a course could not be pursued. As the lord-mayor did not sit in court yesterday, I took the liberty of sending in my card to his lordship, with a prayer for an interview, which was most graciously granted; but his lordship could not, in his capacity as magistrate, hear my verbal statement, and he suggested that I might take out a summons against any guilty party, or submit to him a written statement, which he would forward to the City Markets Commission. I sincerely thanked his lordship, and applied in the Court for a summons against Thomas William Fairey, the slaughterman whose name was painted on the door of the building in the New Cattle Market, wherein I saw the diseased carcasses, and whence I had carried away the lungs; being careful, however, to obtain full evidence that these lungs had belonged to a beast slaughtered and hung up as fit for human food, by a servant of the said Thomas William Farey.

But the summons against this individual was not granted me, on the plea that the New Cattle Market, in Copenhagen Fields, is not in the city police district, but in a totally different one, in which jurisdiction was exercised by the magistrate sitting in Clerkenwell. His worship received me most kindly, and with great pains examined with me the acts of Parliament under which we might summons Thomas William Farey. His worship stated that the case was new to him, that he did not feel that he had any jurisdiction under the circumstances; but he pressed me to continue my researches, with the certainty of their being of great public utility.

"The amount of diseased meat sold in London is enormous. Sanitary legislation, with reference to this particular subject, is defective in principle, in so far as it is based on insufficient knowledge; it is useless in practice, in so far as intrusted for execution to a very few persons, neither fitted by education nor station to protect the public health. I shall demonstrate the whole nature and extent of this gigantic evil; point out the errors in legislation, errors of omission and commission; and propose simple, economical measures, which, if immediately carried into effect, will arrest the evil all but *instanter*. Inspectors, competent in knowledge, and sufficient in number, must be appointed at all ports of importation, and at all live and dead meat markets; these inspectors must be professional men, who can distinguish between simple pneumonia, epidemic pleuro-pneumonia, typhoid fever, and pestilential typhus, to all of which diseases cattle are extensively subject. These inspectors must be men of energy, and the work must be begun immediately and thoroughly. All private slaughter-houses in large cities—in London especially—must be abolished. Public slaughter-houses must be established; they will pay their own expenses, and sufficient guarantees can then be given that only healthy beasts shall be killed and distributed to the population."

At a meeting of the Medical Society of London, Mr. J. S. Gamgee exhibited specimens of the disease which he had obtained the day previously from carcasses slaughtered at the New Cattle Market as fit for human food. He also exhibited a water-colour drawing, executed by Professor John Gamgee, of a large clot of blood extravasated in the glutei muscles of a cow that had died with typhus fever. Numerous such sanguineous extravasations had taken place in various parts of the body, and were cut away by the slaughterer; the fore-quarters were then sent to a butcher's shop at the East-end of London, and the hind quarters (most damaged) to a sausage-maker. Mr. Gamgee had visited Newgate Market that afternoon, and seen an enormous quantity of diseased and half-putrid meat offered for sale there. The inspectors of the market were nowhere to be found; and the nefarious traffic was proceeding without the least attempt at concealment. Mr. Gamgee commented on the great defects in the law relating to the inspection of markets, and on the certainty that the blood and parasitic diseases of animals used as food, must produce a marked depressing effect on the ratio of human life.—*Lancet*, March 28, 1857.

Mr. H. H. Rugg, in a communication to the *Lancet* (March 28), says: "Having visited almost every slaughter-house and cow-shed in London, I can fully corroborate Mr. Gamgee's statement in the *Lancet* of the 21st inst., as to the quantity of diseased meat consumed in this metropolis. In my pamphlet on the Adulteration of London Milk, published some years since, I stated that one slaughterer in London took annually £200 from one man for slaying diseased cows, their flesh being consumed by the poor. Many of the large cow-keepers slaughter their diseased cows on their own premises, so that they are not seen in any market of live-stock. I am sorry to say that not the least reformation has taken place since that period."

The *Scotsman* contains a statement from Mr. Holland, Government inspector, who is at present making an inquiry into the "advantages and disadvantages" of the celebrated Mater Meadows at Edinburgh, his attention having been called to the unhealthfulness of the cows fed upon the grass of the meadows. Mr. Holland, in his opening remarks, says: "It appears undoubted that cows do suffer an unusual amount of illness, but I incline to attribute that to other circumstances than peculiarity of food. The chief of these are overcrowding, defective ventilation, and excessive dirtiness—influences which are apt to be unusually injurious to animals very highly fed in order to produce large supplies of milk." He then says: "I noticed in a letter by Mr. Gamgee, published in the *Scotsman* of February the 28th, that that gentleman estimates the loss of cows from sickness at about 30 per cent., which is not, I think, an over-estimate, enormous as it appears; for I find the dairymen are in the habit of killing off all their cows soon after they become dry, and I noticed that a large proportion—perhaps one in ten or twelve—of those which I saw were evidently suffering from disease. It is but fair to assume that the cows which do become diseased are first selected to send to the slaughter-house. That this is the case I have received confirmatory evidence. It is possible, as is asserted by the fleshers, that many diseases do not render the flesh of animals unfit for food; but many diseases certainly do render it unwholesome, and almost all must impair its nutritive qualities. The latter being the case, the unqualified sale of such meat is evidently a fraud on the buyer; nor must we conclude that because much flesh of diseased animals is eaten without apparent injury, that that practice is free from danger, for the history of all epidemics proves that many more than the actual sufferers may be exposed to the cause of disease. It would be surely prudent to adopt every means within our reach—first, for ascertaining which, if any, of the diseases of cattle do not render meat dangerous for food; and secondly, rigidly to exclude from the market all which such injury leads us to condemn. It is clear that such research is far beyond the ability of an ordinary flesher, however experienced; besides which, such a person is likely to have sympathy with those whose malpractices he ought to control—nor would his decisions, if adverse, be so readily submitted to by them as those of a scientific man would be. I am informed that diseases involving the liver, even when amounting to abscess, are not considered by the fleshers to render the meat unfit for human food. Now, we know that cattle are very subject to the attacks of parasites, which chiefly accumulate in the liver. These are hydatids, or bladder-worms; and we are told upon high authority that these parasites develop into tape-worms on entering the systems of other animals. Men are, indeed, less liable to be thus injured, inasmuch as their meat is generally cooked; but abundant facts are at hand to prove that imperfect cooking may fail to destroy the vitality of the embryo tape worm." Mr. Holland then observes: "I find it very hard to believe that animals dying with extensive disease of the liver can yield wholsesome flesh. At all events, all will agree that as long as there is any doubt about the matter, such meat should not be unconditionally offered for public sale. There is, perhaps, one exception, viz., fluke in the liver, which is prevalent in the great majorlty of sheep slaughtered, and its innocence, so far as the flesh is concerned, may be assumed." In conclusion, he says: "Edinburgh offers unusual facility for bringing all the meat under examination, and thereby excluding from its market all that is improper. No meat is allowed to be slaughtered in the city except at one place, and all cattle there slaughtered might, at little expense of labour, be carefully examined by persons accustomed to zootomical research, and well acquainted with the morbid appearances of animals. Such persons could therefore easily separate the unquestionably wholesome from the doubtful and injurious meat, and, by carefully conducted inquiries, determine whether any of that meat described as doubtful may be safely used with common cooking, or could be made safe by any peculiar process."

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Disease among Cattle.—Advices from Konigsberg give unfavourable accounts regarding the cattle disease, which during the past two years has manifested itself in Poland and other parts of Russia, and which now threatens to spread to Germany. For a short time during last autumn there seemed to be some abatement in the distemper, but it has again become very virulent. It seizes the animals suddenly; and after severe trembling and purging they die within four-and-twenty hours. One proprietor lately lost 300 head in a single night. It attacks cattle exclusively, and does not communicate itself to sheep or any other kind of stock. Every effort is used to prevent infection, and detachments of military are charged to destroy and bury all that become affected. On the Prussian frontier a strict quarantine is enforced; but it has already made its appearance in some villages, and the authorities have ordered that if even only one of a herd be attacked the whole are to be slaughtered. The recent progress of the disease northward towards St. Petersburg has been a chief cause lately in the advance of the tallow-market.—*British Med. Journ.*, Feb. 21, 1857.

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CLINICS.

Treatment of Cancer by Dilute Solutions of the Chloride of Zinc.—The *Medical Times and Gazette* (April 25, 1857) contains the particulars of some cases in which Mr. Stanley has pursued the plan of treating cancers by much-diluted solutions of chloride of zinc. "Their results," says the reporter, "certainly prove that the destruction and enucleation of an ulcerated cancerous tumour may be effected by the use of solutions so weak as to be all but painless, and without necessitating the confinement of the patient to bed for a single day. Without venturing at present to assert that this plan, when persevered in in a great number of cases in various conditions of health, will be found to be absolutely void of danger, yet most will doubtless admit that the risk attaching to it will prove to be infinitely small, far less than that of excision, and that which attended the use of arsenical pastes. As far as we know, chloride of zinc, when used in its most dilute solutions, never causes deleterious effects from its absorption into the system, nor does its application ever tend to excite erysipelatous inflammation of the part. An operation for the removal of a cancer, involving as it does the exhibition of chloroform, a considerable loss of blood, a period of a week or so in which the patient is feverish and ill, and takes little food, and subsequently a considerable suppuration, must be granted to be likely, even in those cases in which the patients recover well, not to have exerted any beneficial influence on the subsequent health. And such indeed is but too frequently observed by those who follow up their cases after dismissal. It is not at all uncommon to find patients who have never regained such health as they had prior to the excision, although their recovery from its immediate effects may have been as satisfactory as usual. Without, therefore, saying anything whatever as to

Published monthly by BLANCHARD & LEA, Philadelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage.*
☞ *In no case is this periodical sent unless the subscription is paid in advance.*

the probability of the return of the disease being greater or less after one or the other method of removal—for as to this we have as yet no facts, and to speculate would be worse than useless—we may safely assert that the plan which Mr. Stanley is trying possesses some very important advantages. Nor is it among the least of these that it may be expected to prove useful in certain cases not well suited for the knife, as, for instance, where the cancer is deeply ulcerated and borders upon important parts. In some regions of the body it will be particularly appropriate for it. On the tongue, in the cheeks, on the lips, etc., it can manifestly be used but very imperfectly, and will probably never supersede the knife; while it may be applied with ease and efficiency to cancers of the breast, or indeed of any well-exposed surface, and particularly to those of the penis or of the extremities.

"While on this subject we may just notice as an additional fact a case in which Mr. Hutchinson has been employing a solution of the strength recommended by Mr. Stanley against a large recurrent fibroid tumour of the uterus. The woman, an out-patient at the Metropolitan Free, had been twice operated upon during the past year, but after each the tumour had again appeared and increased with great rapidity. At the time the trial of the solution was made it had grown to the size of an infant's head, and filled the uterus, projecting a little at the open os. The plan adopted was to pass a small catheter into the middle of its structure, and gradually inject into different parts about two ounces of the solution (one ounce of Sir W. Burnett's fluid to eight of water). This was repeated every third day for about three weeks, and had the effect of causing some fragments of the growth to slough and come away. They were, however, of but small size when compared with what remained; and as the tumour went on increasing it was at length desisted from. No ill symptoms had been caused, although a good deal of smarting would generally follow the injections."

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The Pain after the Application of Dr. Fell's Caustics.—There is a woman now in the Cancer Hospital at Brompton, named Louisa Brown, who states that she left the Middlesex Hospital about eight weeks ago, having been there seven weeks in Stafford Ward, during which time Dr. Fell had many women in the same ward upon whom he applied his caustics almost daily. So far from these applications being painless, as some have asserted, Louisa Brown states that the screams and cries of the women were so dreadful, and their moaning at night so heart-rending, that she could not bear to stay in the Hospital, and left on that account. She says that the first applications are not very painful, but that the "dreadful pains" began two or three hours afterwards, and lasted throughout the three weeks or more occupied in the removal of the diseased part. Some women suffered more than others, but all to a very great degree. Vomiting was also very troublesome. Many women had two and three composing draughts in the course of each night, but still the pain was very severe. We may add that this account is corroborated by the statement of a lady we have seen in private practice who was under Dr. Fell's care.

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Cancer of the Tongue removed without Bleeding, by the Ecraseur.—Return of the Disease.—There is now under Mr. De Morgan's care in the Middlesex Hospital an old man, from whom a cancerous ulcer of the tip of the tongue was removed about two months ago by the écraseur. The excision involved a portion about the size of the ends of two fingers side by side, and was performed without the loss of more than a very small quantity indeed of blood. The surface merely oozed. The wound healed well, and the man was discharged. About a month after the wound had cicatrized, however, the disease reappeared in the scar. It is not now intended to attempt anything further.—*Med. Times and Gaz.*, March, 21, 1857.

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Treatment of Nævus by the Perchloride of Iron.—The perchloride of iron still holds its place as a very useful agent in the treatment of some forms of nævus. Mr. Lawrence in St. Bartholomew's and Mr. Cock and Mr. Hilton in Guy's, frequently employ it as at first proposed, by means of injection. Used in this way, its chief advantages are in cases in which the growth is too large to be ligatured or excised. Repeated injections of small quantities at a time appears to be the most successful method, as larger ones risk sloughing. There is a case now in the Middlesex Hospital under the care of Mr.

De Morgan, in which a nævus of the middle of the upper lip spread rapidly and ulcerated through the lip, leaving a large fissure. In this, by the use of the perchloride, much advantage has been obtained; the disease does not appear to be spreading. The child's condition is now that of a single harelip, both edges being, however, involved in nævoid structure. Mr. Bowman, in two cases recently under his care, in which the nævus was on the eyelid, has employed the perchloride, introduced by a thick ligature of silk. One of these was that of an infant at the Ophthalmic, on whom we saw him operate the other day. The nævus was about the size of a sixpence, and involved the centre of the upper eyelid, being partly cutaneous and partly under the skin. To have tied it would have involved a subsequent eversion of the lid; and it became a problem of much interest to cure it without leaving a scar. The plan adopted was to draw through its centre two large ligature threads previously soaked in the perchloride. To prevent the threads from being squeezed dry in entering the skin, punctures were made in the latter with the point of a knife, and a broad needle was employed. So complete was the coagulating power of the fluid, that the threads came out quite unstained, and not a drop of blood escaped from the punctures. This having been done, a small actual cautery, about the size of a probe, was introduced into the middle of the nævus, and made to burn subcutaneously a little patch in its centre. The seton threads were to be taken out the same evening. It was hoped that the irritation, etc., which must follow these procedures would destroy the morbid vascularity of the part; and the plan altogether struck us as exceedingly likely to be successful, and at the same time possessing the great advantage of being quite free from risk. Its success it will be for time to determine. With the perchloride, in cases in which the nævus is too large to be safely tied, much patience must be exercised. Many injections will be required, and the shrinking of the vascular tissue will often not be nearly so great at the time as it will become after the lapse of a few months. As exemplifying the dangers of the ligature, we may mention that the writer assisted a fortnight ago in tying a very large nævus on the side of the face in a case in which the infant, healthy at the time, died a week afterwards, and probably from the irritation caused.—*Med. Times and Gaz.*, March 21, 1857.

Tapping Ovarian Dropsy, and Injecting the Cyst with Iodine; fatal result.—The following outline of the case will prove of interest at the present moment; it has been kindly furnished us by Mr. George W. Lawrence, house-physician to King's College Hospital:—

Maria F——, aged 32 years, mother of several children, the subject of ovarian dropsy for the last eighteen months, twice tapped during the last three months. A large unilocular cyst, with a hard tumour at its base, somewhat larger than a fœtal head. Tapped by Mr. Fergusson on the 31st of January, 1857; and four ounces of the compound tincture of iodine injected into the cyst, with four ounces of water, nineteen pints of fluid having been first drawn off. She died the sixth day after the operation, apparently from exhaustion, having been in the intermediate time almost constantly delirious, and having, during the first four days, excessive vomiting. The vomiting contained iodine in large quantity, in a state of combination; iodine was also found in the urine, tears, and sweat. At the *post-mortem*, the cyst was found to be a large unilocular one, occupying almost the whole of the abdomen, and the tumour at its base, to consist in part of a large number of small cysts, filled with the same albuminous liquid as the larger cavity, and the back part of a malignant growth. There was a great abundance of lymph thrown out in the larger cavity, but no adhesion, probably because fluid had been thrown out again so rapidly as to separate the surfaces. There was no trace of peritonitis; nor could any iodine be found in any of the fluids of the body by careful analysis.

We saw a second case submitted to the same treatment last Saturday. The patient was a female, aged 25 years, under Dr. Todd's care. She had been tapped five or six times before, which was repeated on the present occasion by Mr. Fergusson, when the iodine, about a pint of the solution, was injected. There were a number of immense veins coursing over the abdomen, which became smaller when the fluid was withdrawn.

We may remark, that in both these cases paracentesis was performed with the patients in a recumbent posture on their sides—a peculiarity of some importance which we have noticed at no other hospital. The advantages of doing it in this position are quite apparent.—*Lancet*, March 7, 1857.

Spontaneous Cure of a Psoas Abscess.—It is no uncommon occurrence to meet with instances of angular curvature of different portions of the spinal column in a cured condition—that is, without an abscess, if one has formed—bursting externally, the matter having been absorbed. These are seen frequently in the streets of London. But a spontaneous recovery from caries of the spine, associated with a large abscess, is a very great rarity indeed. Such a case, however, is in Sanctuary ward of the Westminster Hospital, under Mr. Brookes' care, in the person of a short girl, aged 17 years, who has been for many years the subject of angular curvature of the lower part of the lumbar spine, with caries of the bodies of the bones, and a large psoas abscess for the last nine months, which pointed in the thigh, and was punctured. Very large quantities of matter continued to flow for some time; it became diminished, and several undoubted fragments of the bodies of the diseased vertebræ came away. The girl's health began to improve, her strength and flesh to return, and for the last seventeen days she has been up and walking about the ward. There is still a little discharge, but not of much moment, and there is every reasonable hope of a permanent spontaneous cure. Her stay in the hospital has been about five months.

There is a case of psoas abscess in the Royal Free Hospital, under Mr. Thomas Wakley's care, of a man aged 37 years, who was admitted in May last. Here there was at one time the most profuse discharge; but now it is reduced to less than an ounce a day, with great improvement of the general health, with exercise about the ward. Up to the present time, however, there is no curvature or angular deformity of the spinal column, although from the general symptoms we believe the bones are engaged in the lumbar region. He suffers from occasional attacks of diarrhœa.—*Lancet*, March 7, 1857.

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Partial Blue Line of the Gums in Lead Colic—a Sulphuret of Lead.—In a case of lead-colic in a young female (an operative from a white-lead factory), in the Royal Free Hospital, Dr. Brinton drew attention to the very partial character of the blue line on the dental edge of the gums. The teeth were quite clean, and free from any decay; in fact, beautifully healthy. The lead line was limited to three of the four incisors of the lower jaw. The case was severe; but (as usual) yielded at once to appropriate treatment. Dr. Brinton regards the blue line as the *sulphuret* of lead, and hence as produced by the deoxidation of some salt of lead; but the mode of this deoxidation seems to him doubtful, perhaps even variable. He states that in ordinary lead paint, or glazed cards, it is easy to see that the minute quantity of sulphuretted hydrogen present in the air quite suffices slowly to form a sulphuret; and it is equally certain that the larger amount of this gas often present in many parts of the digestive canal exerts a still more energetic action of the same kind on salts of lead taken into it medicinally. But in the case of the blue line around the dental edge of the gum, that this deoxidation is effected ("conditionated") by the teeth, is shown by its abrupt cessation where the mucous membrane has closed over an extracted tooth. He therefore inclines to conjecture that the lead is derived from the saliva; and deoxidized possibly by vital actions connected with the chemistry of the teeth, but probably in a still greater degree by an absorption and concentration of the saliva retained in the groove of the gum, followed by an exposure to the sulphuretted hydrogen of the air, or to that of its own decomposition. The analysis of the saliva in lead poisoning would, Dr. Brinton thinks, test this view, which in the mean time certainly has the merit of explaining most of the varieties of lead line he has hitherto seen. In the above case, for example, he should conjecture that the limitation of the blue line to the undermost incisors was determined chiefly by the exposure of these teeth to the external air—an exposure brought about by a slight peculiarity of the patient's mouth.—*Lancet*, April 4, 1857.

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Good Effects of Guaiacum in Cynanche Tonsillaris.—Dr. Brinton has been treating several cases of cynanche tonsillaris at the Royal Free Hospital, on what he informs us has been his usual plan for many years—a plan so simple and so efficacious as to deserve mention. He regards the tonsils as an offshoot of the intestinal canal, and considers that not only is constipation, in most cases, an element of the malady, but that, on the above view, the inflamed structures are best relieved by free purging, and perpetual gargling and fomentations with hot water. For the first of these indications he relies chiefly on powdered guaiacum, which he gives in large (one scruple to one drachm) doses, every four hours; often in combination with opium, aloes, and jalap, and suspended in mucilage. He finds that, if commenced tolerably early, this treatment generally averts all abscess, and even later, rapidly removes the malady, while it allows of a rapid recovery, very unlike the long convalescence which often follows bleeding, blisters, and tartar emetic.—*Lancet*, April 4, 1857.

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Belladonna in Incontinence of Urine.—L. B., aged 8 years, was admitted as an out-patient at the Hospital for Sick Children, under the care of Mr. ATHOL JOHNSON, in July last, on account of incontinence of urine. This infirmity had existed since birth, and she had frequently been under treatment for it, both in private and at St. Bartholomew's Hospital, without, however, deriving any material benefit. At the time of her admission, the urine was acid, and nothing particular was observed as to its composition. She used to pass it frequently in the day, and usually wetted her bed two or three times during the night. She was treated at first, up to October 29th, with purgatives, alkalies, and blisters to the sacrum, but without any improvement being thereby obtained. It may be observed that there were no worms. At the above date, she was ordered one-eighth of a grain of extract of belladonna night and morning. On November 22d, it is noted that the child had been doing very well since the use of the belladonna, and that she only passed urine in bed about once in a week. After this, she did not attend regularly; and on February 11th, after an absence of more than a month, she again presented herself in much the same state as at first, the urine being again passed frequently. The belladonna was resumed, and the incontinence again materially checked, especially at night. On February 25th, the quantity of the drug was increased to one-sixth of a grain; and on March 18th, when last seen, she had not passed water in bed since the previous date.

Remarks.—This case, though it cannot be said to be perfect, in consequence mainly of the inattention of those who had care of the child, illustrates forcibly the good effect which the use of belladonna unquestionably has, in many cases, on irritability of the bladder. The affection appears to have been congenital, all kinds of other remedies had been adopted without effect; and the improvement following on the administration of belladonna was as marked as the relapse which ensued on the omission of the treatment. It is offered, not as an instance of perfect cure, but as a well marked example of the power of the drug over this particular symptom. No other effect was observed to follow its administration.—*British Med. Jl.*, March 28, 1857.

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Phlegmasia Dolens after Fever.—Dr. RISDON BENNETT has at present under his care in St. Thomas's Hospital a case of much interest, in which phlegmasia dolens has followed typhoid fever. The patient is a young woman, previously in good health, and the attack of fever was a mild one. Just as the fever was passing off she began to complain of pain in the iliac fossa and down the thigh, and shortly after swelling of the leg took place. The swelling has since increased until it now involves the whole extremity, and presents an excellent example of the condition known as "White leg." About the upper part of the thigh are numerous enlarged superficial veins, which may no doubt be held to denote the obstruction of the deeper ones. She is now in very fair health, and her countenance is not expressive of much constitutional suffering. There have not occurred any indications of secondary abscesses or deposits of pus in the joints. Phlegmasia dolens has been described as an occasional but rare sequela of fever, both by Dublin and Glasgow physicians; but our impression is that it is of extreme infrequency in London, and has not attracted much attention, even among those of large hospital experience. Dr. Graves has recorded a case at page 261 of the first volume of his *Clinical Lectures*, in which a young woman just recovering from fever, with gastric symptoms, had a sudden development of pyæmic symptoms, attended with swelled leg. Death took place on the seventh day after this outbreak, the attack having been marked by severe rigors, with intense pain in one breast, and in various parts of the extremities. In it, however, the symptoms were much more acute than in that now under Dr. Bennett's care, and resembled those of pyæmia, rather than of phlegmasia dolens. The connection between these affections and fever is probably to be found in the absorption of some irritant materies from the intestinal ulcers, and the production by it of phlebitis of the pelvic veins. The difference between the two cases above mentioned is, doubtless, that in the one an adhesive inflammation has been set up, causing obliteration and the phenomena of obstruction only; and in the other a suppurative one, causing contamination of the blood, and the symptoms of general pyæmia.—*Med. Times and Gaz.*, April 25, 1857.

Clinical Lecture on Excision of the Hip-Joint. By John Erichsen, Esq., Professor of Surgery in University College.

Gentlemen: I wish to-day to direct your attention to excision of the hip-joint, in reference to an operation of this description which I performed a few weeks ago. But before proceeding to speak of the operation itself, I must say a few words on the subject of hip-disease generally, in order that you may understand the course that is pursued by the different varieties of this affection, and be able to discriminate those cases in which this operation is applicable from those in which it is not admissible.

Under the term "hip-disease" is included every inflammatory affection of the coxo-femoral articulation; and in this way are confounded together several diseases which differ widely from one another in their pathology, symptoms, results, and treatment, and which stand in very different relations to the operation of excision.

If we look at the hip-joint in a surgical point of view, we shall see that it is composed of three distinct parts—viz., the soft joint-structures, the head of the femur, and the acetabulum. Now, any one of these divisions of the joint may be primarily and even separately affected; and we may accordingly divide hip-joint disease, or coxalgia, into the three varieties of *arthritic*, *femoral*, and *acetabular*. This division is not only a pathological arrangement, but, as I shall presently point out to you, is of a truly practical nature, having a special bearing on the question of excision; and as we have recently had cases in the hospital illustrating these several varieties of the affection, I am anxious to take this opportunity of directing your attention to them.

1. *Arthritic hip-disease.*—This is usually an acute inflammatory affection, attended by those local signs and constitutional symptoms that are characteristic of deep seated and severe articular inflammation. The joint becomes hot and swollen, and is exquisitely sensitive; in fact, the pain that the patient suffers is more severe in this than in any other form of arthritis with which I am acquainted. The sufferings are greatly aggravated at night, and by the startings and convulsive twitchings that occur in the limb when the patient falls to sleep. It is impossible to move the patient, the slightest disturbance—merely laying the hand on the limb, or even touching the bed, or shaking the room by walking heavily across it—brings on paroxysms of intense pain. This variety of the disease chiefly occurs in young adults, often arises from exposure to cold and wet, and usually terminates in anchylosis without suppuration. Abscess may form, and dislocation of the head of the femur take place; but this I believe to be rare, and not to occur unless the bones become secondarily implicated.

The treatment of this form of the disease is simple. It consists in the administration of calomel and opium, with leeches to the hip, fomentations, and perfect rest. In the early stages, a splint cannot be borne; but as the disease advances, it becomes necessary to apply one; and then this should be done under the influence of chloroform. Indeed it is not unfrequently necessary to give chloroform in order to change the sheets, or attend to the cleanliness of the patient, so great is the suffering produced by change of position.

In this variety of coxalgia, excision is not necessary: under proper management, the head of the bone may always be brought into or kept in sufficiently good position for anchylosis to take place, so that a straight and useful limb may be left.

The following case, reported by Mr. Carden, illustrates well this variety of the disease:—

Harriet F——, aged 15, was admitted into University College Hospital, Nov. 27th, under the care of Dr. Garrod, for rheumatism of the left leg. As it was found that there was acute inflammation of the hip-joint, the patient was transferred to Mr. Erichsen; but so acute was the pain that she suffered, that it was impossible to remove her to the surgical ward without first placing her under the influence of chloroform.

The patient states that she has suffered pain in the left hip, first of a flying, but afterwards of a more settled nature, for about a month. The pain has gradually increased, and is now excessively intense—so much so that she cannot turn or move in bed, or allow the limb to be touched; she cries out if the bed even is touched. The affected limb is slightly lengthened, is adducted, and the foot everted. There is some heat and swelling about the hip, giving it a rounded appearance, but no feeling of fluctuation or threatening of abscess; pain in the knee, but not so severe as in the hip. At night there are painful jerking spasms in the limb, which prevent her sleeping. Pulse 120, weak, and occasionally intermittent; sweats at night; has lost flesh very rapidly. She was ordered calomel, two grains; opium, half a grain; every six hours. Twelve leeches, and afterwards hot fomentations to the hip, which was supported on a pillow.

She continued this plan of treatment till Dec. 6th, when the pain being mitigated, the spasms less frequent, and the hip less tender, a long splint was ordered to be applied, to prevent shortening of the limb. This was applied under chloroform, and was kept on till the 11th, when, in consequence of pain, it was taken off, and, under chloroform, the starch apparatus was applied. This gave great ease. The calomel was discontinued, and she was put on cod-liver oil, quinia, and good diet. When the starch apparatus was removed, on Jan. 5th, the limb was of good length; there was little pain, even on pressure. Since this time she has gradually improved in general health, but the joint continues stiff. The hip is of good shape, and the limb, though apparently shortened, owing to some obliquity of the pelvis, is of exactly the same length as the sound one.

In this case you will see all the leading features of the acute *arthritic* form of hip-disease. Its occurrence in a young adult, its rheumatic origin, the severity of the attendant inflammation, the acuteness of the suffering, and its termination by anchylosis without suppuration are all characteristic signs.

Before leaving this part of the subject, I wish to say a few words about the anchylosis that occurs in these cases. When this is *complete*, the osseous structures being fused together, I believe that no attempt should be made to restore the mobility of the limb. I have heard of surgeons cutting down upon and sawing across the neck of the femur, but I cannot think that such an operation is expedient, and would not advise you to attempt it. In this form of anchylosis, the limb is usually everted, but not much shortened, and the patient soon walks readily and with little stiffness, owing to the increase of mobility that takes place in the lumbar spine, and which makes up for the rigidity of the hip.

When the anchylosis is *incomplete*, much may, however, be done to restore the utility of the limb. In these cases, the head of the bone may continue in the acetabulum, and then there is no shortening, but merely adduction of the limb and some flexion of it, the patient being unable to bring the heel to the ground. You will recollect seeing a case of this kind brought into the theatre about six weeks ago, in which I successfully adopted the same plan that we have so often advantageously employed in cases of contracted knee—viz., forcibly extending the limb under chloroform.

If dislocation of the head of the bone on to the dorsum ilii has occurred without previous suppuration, reduction may sometimes be effected. Two or three years ago, a woman was under my care at the hospital, in whom this happened, owing to softening and destruction of the ligaments of the joint. We, however, effected reduction under chloroform. We had great difficulty in retaining the head of the bone in the acetabulum, and as she one day fell and broke her thigh, we were obliged to desist from further attempts. The case, however, illustrated the fact, that in some cases of spontaneous dislocation in hip disease, reduction may be accomplished.

2. The *acetabular* form of hip-disease differs widely from the last variety of this affection. In it the primary seat of disease is the pelvic bones, and the joint becomes involved secondarily by the implication of the acetabulum. This variety of the disease chiefly occurs in adults, always goes on to suppuration, never to anchylosis, and is, I believe, invariably fatal. It usually commences with abscess in the iliac fossa, or at some point within the pelvis. This abscess may descend by the side of the rectum, or pass out through the sciatic notch, under the gluteal muscles, or may find its way under Poupart's ligament, or to the fore-part of the thigh. At first, there is usually no pain in the hip; but after a time the joint becomes tender, the pain increases, and at

last becomes severe. Motion of the limb is impossible. There is neither shortening nor elongation except at the latter stage, when possibly the head of the femur may slip through a carious cavity in the bottom of the acetabulum into the pelvis. Death eventually occurs from hectic. On examination, the pelvic bones will be found more or less extensively necrosed; the acetabulum is carious, rough, and probably perforated; the head of the femur, which is lying in this cavity, is deprived of its incrusting cartilage, and is more or less eroded, but in a much less degree than the acetabulum and neighbouring pelvic bones, especially the ilium. Large intra-pelvic abscesses and extensive sinuses will also be met with.

The treatment of this form of hip-disease is in the highest degree unsatisfactory. The patient's powers must be kept up, but he will eventally sink from hectic. Excision of the hip-joint is of course not practicable, on account of the amount of osseous disease and the extensive implication of the pelvic bones. The following case illustrates well the acetabular form of coxalgia:—

Iliac Abscess; Acetabular Disease of the Hip joint; Caries of Lumbar Vertebra and Psoas Abscess.—E. B——, aged 25, a farm labourer, strong and well made, admitted April 29. No hereditary tendency to scrofula or any other disease can be made out. About twelve months since, he first felt pains in the back and hips, which he attributed to exposure to weather. He was blistered for them without benefit. About three months after this a swelling appeared, about the size of a small tennis-ball, in the right groin, about two inches above Poupart's ligament. He then first felt pain in the hip. The swelling continued stationary until two months ago, when it rapidly grew bigger, and the pains in the hip-joint increased much.

On admission, there was a tumour about the size of an orange, situated deeply in the iliac fossa, about an inch above Poupart's ligament on the right side. It fluctuated on pressure, causing great pain locally. He had no pain on pressure over the lumbar spine, nor down the thigh, but pressure on the great trochanter and ilium caused extreme suffering. The thigh could be bent upon the body without much pain; but if it was adducted or rotated, he suffered much. The health was low; pulse quick and a tendency to hectic. He was ordered quinia, and put on a nutritious diet.

June 3d. The abscess was opened, and about four ounces of pus evacuated. For a few days the pain in the hip was relieved, but it again returned; the discharge continued to be profuse, and the hectic symptoms increased, the patient's strength gradually giving way, notwithstanding an abundant diet. The pain became intense in the right hip. He could not bear the slightest pressure on the trochanter or around the joint, or indeed in any part of the limb, so as to influence the articulation. He lay on his side, with the thigh flexed on the abdomen. The head of the bone was in its place, and there was no shortening or deformity of the limb, nor any tendency to abscess outside the pelvis. An attempt was made to put the limb in splints, but it occasioned greatly increased suffering, and was abandoned. Emaciation and hectic gradually increased, and he died on October 18th.

On examination after death, it was found that the cavity of the peritoneum contained several ounces of dark and somewhat turbid fluid. The lungs were somewhat congested, but presented no sign of tuberculous deposit. The right psoas was disorganized, and a considerable quantity of pus was found in its sheaths, extending some way under Poupart's ligament. There was the cyst of a large abscess in the right iliac fossa, the bone being bare and bathed by the pus. On examining the hip-joint, the head of the femur was found in the cavity of the acetabulum, but deprived of its cartilage. The acetabulum was extensively carious, and perforated by an irregular aperture as large as a shilling, which communicated with the iliac abscess. The ischium and pelvic bones around the acetabulum were extensively carious. The bodies of the three first lumbar vertebræ were found softened and carious, giving rise to the abscess that filled the sheath of the psoas.

3. The *femoral* form of coxalgia is that variety of the disease in which the head of the femur is primarily affected by caries, often of a tuberculous character, the articulation becoming secondarily involved by extension of diseased action from the osseous structures. It occurs in strumous children, is usually subacute for a time at least, and is attended by the early formation of abscess. The collection of pus that forms around the joint will sometimes present in

the gluteal region; but in other instances, as in the drawings that I now show you, and which are taken from two patients in whom I have excised the head of the femur, the abscess will pass down under the fascia lata and tensor vaginæ femoris until it reaches the outer part of the middle of the thigh, where it points, and where sinuses are established. After the disease has continued in a subacute form for some time, symptoms of active arthritic inflammation will often set in; the joint becomes destroyed, and the carious head of the bone is dislocated upon the dorsum ilii, where it lies in a supporting cavity. In favourable cases, the abscess gradually contracts, the carious bone is thrown off, and false but firm anchylosis of the head of the femur in its abnormal position takes place. In other cases, however, the caries is progressive, profuse discharge is kept up, hectic sets in, and, unless the source of this mischief is removed by excision, the patient will soon sink exhausted.

In this form of the disease, the pelvic bones are not usually implicated — never primarily; and if they become so as the affection advances, it is by the extension of the morbid action to other osseous structures than the head of the femur. In the great majority of instances the cartilaginous incrustation of the acetabulum is removed, and its place is taken by a fibroid fungous growth, which fills up the cavity. This fungoid mass is analogous in structure and appearance to the plastic deposits that we see thrown out in other joints after the destruction of the incrusting cartilage of bones, and is evidently an attempt at repair set up in the articulation.

The characteristics of the *femoral* form of coxalgia, then, are—the occurrence of the disease in children; the subacute character of the affection in its early stages; the sudden aggravation of the symptoms; the formation of extensive abscesses; followed by dislocation of the carious head of the bone on to the dorsum ilii, and the absence usually of all disease, certainly of all primary disease, in the pelvic bones.

It is in this form of hip-disease alone that operation is a proper procedure, when nature fails in throwing off the carious bone, and in establishing anchylosis between the remains of the head of the femur and the dorsum of the ilium on which it is lying.

The following case, reported by Mr. Jeaffreson, in which we lately performed this operation, illustrates well some of the points first adverted to:—

Tubercular Disease of the Head of the Left Femur.—William W——, aged seven years and a half, was admitted into University College Hospital on Monday, the 22d of December, 1856. His father, a sawyer, is strong and healthy; but his mother died of consumption, aged twenty-six. About the Christmas of 1853 he went to live with his grandmother in Sussex, and is described as being a very fine healthy boy. While there, he fell from a donkey; soon after which he began to walk lame; he suffered also from measles, which was followed by hooping-cough; and he became greatly emaciated and very lame.

In October, 1854, he was admitted into University College Hospital, where he remained for about six weeks. His general health deteriorated, but his lameness improved, so that he was able to walk with crutches.

At the end of January, 1855, he became an out-patient at St. Bartholomew's Hospital, where he improved, with the use of tonics and putting the limb in splints.

In April, 1855, he became an out-patient at the Royal Orthopædic Hospital, and remained under the care of the surgeons of that establishment for fourteen months.

In April, 1856, he was able to go to school with crutches, and get up-stairs and down without assistance.

December 15th. Mr. Erichsen opened a large prominent abscess over the head of the left femur, and a large quantity of cheesy-looking matter and healthy pus escaped. Rest, iron, cod-liver oil, and poultices were ordered.

22*d.* Admitted into University College Hospital. He is very weak and emaciated; sweats profusely at night, though in the day-time skin is dry, harsh, and scurfy. His appetite is pretty good; tongue clean, rather red at the tip and edges; thirst more than natural; the stools healthy and regular every day. There is slight cough, from which he has not been entirely free since 1853. There is extensive dulness on percussion, both under and above the right clavicle; the respiratory murmur is here harsh and deficient, and the expiration prolonged. The left leg is shortened about two inches and a half. Over the hip-joint is a prominent swelling; the skin over it is red and excoriated, especially round two openings situated at the upper and outer part of the thigh. On introducing a probe about two inches through these openings, it is found that they both impinge on dead bone, situated above the back of the acetabulum. On rotating the thigh, its head is found to be on the back of the ilium. The thigh is flexed on the abdomen, and the leg on the thigh, owing to the contraction of the hamstring tendons. He always lies on his right side, with the body bent forwards. Cod-liver oil, one drachm, three times a day, with meat and wine.

26th. An abscess was opened by a small incision at the junction of the upper and middle third of the thigh, to the outer part, giving exit to four ounces of laudable pus.

Jan. 1, 1857. The purulent discharge from the abscess and the night-sweats more profuse. The appetite and strength are materially diminished. Continue diet and oil, with four ounces of wine.

7th. The boy being under the influence of chloroform, Mr. Erichsen passed a probe through the upper wound, and found the head of the bone carious, and lying on the dorsum of the ileum, close above the acetabulum. He then made a T-shaped incision over the head of the bone, and divided the fibrous structures which held it *in situ*, and then the head being well pushed out of the wound, and the soft parts guarded by an assistant, he cut through the trochanters, from within outwards, by means of Butcher's saw; a very small portion of carious bone was gouged from the brim of the acetabulum. Three small arteries were ligatured. One suture was put into the lower part of the wound, and the whole dressed with wet lint. The limb was put up on a long splint, bracketted over the wound, but the leg could not be quite straightened, owing to the contraction of the hamstring tendons.

14th. The patient's general health seems better; he is cheerful, and takes his food with relish. The discharge from the wound is profuse, but healthy. The ligatures came away on the third day, the suture on the first. To-day, the splint was reapplied, the child being previously put under the influence of chloroform, which easily affects him, but makes him feel sick all the rest of the day, and his head throb severely.

21st. The boy is improving slightly in general condition; the discharge is profuse; a small collection of pus was let out close to the wound; the splint was re-applied. The leg is now quite straight, the rigidity of the hamstring tendons apparently having been due merely to confinement in bed. Charcoal poultices have been used from the day following the operation, and are to be continued.

28th. The boy has greatly improved since last report. He sits up in bed, takes his food well, and the discharge is but trifling, the wound looking clear and granulating healthily.

I have thus endeavoured, gentlemen, to point out to you that there are three distinct forms of the hip-joint disease, one commencing in the soft structures of the joint, the other in the pelvic bones, and the third in the femur. This division is founded in nature, as I have had frequent opportunities of showing you in the wards, and as will be seen by the cases I have just brought before you, and it has an important practical bearing on the operation of excision, which is unnecessary in the first variety of the disease, improper in the second, and only requisite in the third, in those instances in which nature fails to effect a cure.

The operation of excision in the hip-joint, or more properly of the head of the femur, for the whole of the joint—that is to say, the cavity of the acetabulum, as well as the head of the femur, can never be removed—is a simple one. It consists in making an oblique T-shaped incision over the dislocated head of the bone, clearing this of the surrounding soft parts, turning it out by adducting and pushing back the thigh, and then removing it either with a saw or cutting pliers. I have used both in these operations, but prefer the saw. In the last case, in which I lately operated, I found great advantage from the saw invented by an excellent Dublin surgeon, Mr. Butcher, the blade of which was passed behind the bone, and then being turned by a screw in a horizontal direction, readily removed the head and trochanters.

The principle on which excision of the head of the femur is practised is twofold: first, to remove a mass of carious bone, which, by its irritation keeps up hectic, and will ultimately destroy the life of the patient; and secondly, by taking away carious bone that is insusceptible of anchylosis, to establish firm union between the clean cut surface of healthy bone and the side of the pelvis, and thus restore a useful limb to the patient.

In excising a carious head of the femur, the first object we have in view is the preservation of the patient's life. It is a rule in surgery, that when a patient's strength is being worn out by the hectic consequent on suppuration resulting from carious bone, the cause of the constitutional disturbance, the diseased osseous tissue should, if possible, be removed. It is, therefore, as much in accordance with sound surgery to remove the carious head of the thigh-bone, when its presence is threatening the patient's life, as it is to amputate for caries of the tarsal bones, or to excise a diseased elbow, under similar circumstances. In fact, in extreme cases of *femoral* coxalgia, the surgeon has to choose between standing by inactively and seeing his patient gradually sink exhausted by the suppuration resulting from the diseased head of the femur, or, by excising this carious structure, removing the cause of the wasting discharge, and thus averting a fatal termination. It is true that there would be another alternative—viz., amputation at the hip joint; but I am not aware that the most strenuous opponent of excision of the hip has ventured to advocate such a proceeding in preference to the operation we have been discussing.

There is, however, another object besides saving the patient's life, to be attained by excision of the head of the femur. It is the restoration of a tolerably useful though necessarily a shortened limb. The shortening of the limb that is left is not, however, the result of the operation; it has already taken place as a consequence of dislocation on to the dorsum ilii before the head of the bone is removed. As a small portion of the upper end of the femur merely is excised, never more than what projects beyond the acetabulum, the already existing diminution in length is not increased by the operation.

After the operation, the limb should be put on a long splint, bracketed opposite the wound. No perineal band should be applied to the injured side, but the splint may be connected with one attached to a leather case put round the sound thigh, from which extension is to be made.—*Lancet*, March 28, 1857.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

American Medical Association.—[This Association held its *tenth* annual meeting at Nashville. As we are sure our readers are anxious to learn its doings, we hasten to give the following abstract of the proceedings:—]

TUESDAY, *May* 5, 1857.

The Association met at 11 o'clock in the Representative Hall of the State Capitol, the President, Dr. Zina Pitcher, of Michigan, in the chair. Dr. W. K. Bowling, of Tennessee, one of the Vice-Presidents, Dr. Wm. Brodie, of Michigan, and Dr. R. C. Foster, Secretaries, were present.

The meeting having been duly organized, the first business in order was stated by the Chair to be the reception of the report of the Committee of Arrangements.

Dr. C. K. Winston, chairman of the Committee of Arrangements, on behalf of the committee, and of the medical profession of the city generally, extended a sincere and cordial welcome to the members of the Association.

Dr. Winston then proposed that the roll of delegates who had registered their names should be read. The roll having been called, it appeared that twenty States were represented.

On motion of Dr. C. K. Winston, Drs. Felix Robertson, J. Shelby, and J. Overton were made permanent members of the Association.

The number of delegates who had registered their names was found to be one hundred and forty-six.

The President then stated that it was customary to take a recess of fifteem minutes, in order that the different State delegations might appoint a member to serve on the Committee on Nominations; and the Association took a recess accordingly for that purpose.

At the expiration of the recess the Association was called to order, and the State delegations then reported their choice respectively of delegates to serve on the Nominating Committee, which was constituted as follows:—

Connecticut—Charles Hooker.
New Hampshire—Adoniram Smalley.
Indiana—W. W. Hilt.

Wisconsin—J. R. Bartlett.
New York—James R. Wood.
Michigan—A. B. Palmer.
Missouri—J. S. Moore.
Illinois—J. K. Edmiston.
Kentucky—R. J. Breckinridge.
Arkansas—F. Grundy McGavock.
Ohio—B. S. Brown.
South Carolina—R. W. Gibbs.
Alabama—W. P. Reese.
Mississippi—F. B. Shuford.
New Jersey—Richard M. Cooper.
Louisiana—S. O. Scruggs.
Pennsylvania—P. Cassidy.
Georgia—Thomas S. Powell.
Tennessee—J. B. Lindsley.
Iowa—Asa Horr.

On motion of Dr. Hooker, of Connecticut, it was resolved that the President, Dr. Pitcher, be now requested to deliver his annual address.

The President then delivered the annual address; whereupon, on motion of Dr. Flint, of Ky., the thanks of the Association were unanimously tendered to the President for his very able and interesting address, and it was referred to the Committee on Publication.

The chairman of the Committee of Arrangements reported that the sessions of the Association would be held from 9 o'clock A. M. until 2 o'clock P. M.

Judge Catron, of the U. S. Supreme Court, being present, was invited to a seat on the stand.

The Nominating Committee then retired for the purpose of nominating officers for the ensuing year.

The report of the Committee on Publication being called for, it was read by Dr. Caspar Wister, of Pa., and, on motion, was accepted and referred to the Committee on Publication.

Dr. Wister also read his report as Treasurer, which was received and adopted.

On motion of Dr. Flint, of Ky., Dr. R. T. Flemming, of Ky., was admitted as a member of the Association by invitation.

On motion, the Committee on Essays were granted further time to make their report.

The Committee on Prize Essays being called upon to report, requested further time, which was granted.

The President informed the Convention that Dr. F. Campbell Stewart, of N. Y., Dr. Alden March, of N. Y., Dr. Isador Gluck, of N. Y., and Dr. Pancoast, of Pa., had been appointed to represent this Association in foreign scientific bodies.

The Committee on Medical Education was called, but made no report.

The Committee on Medical Literature was called. No report.

The Committee on Medical Topography and Epidemics being called, a communication from Dr. J. C. Watson, of Maine, was read, asking for further time to make a report, which was granted.

Dr. Arnold, of Ga., offered the following resolution, which was adopted:—

Resolved, That the Committee on Nominations be constituted a standing committee during the present session of the Association, to whom shall be referred all business of the Association on which an immediate vote is not required.

Dr. James Mauran, of the Committee on Medical Topography and Epidemics for Rhode Island, being called for, the Secretary read his apology, which was accepted.

Dr. Peregrine Wroth, of the same committee for Maryland, sent in his report, with accompanying reports of Drs. A. M. White and Edmund E. Waters, which were received and referred to the Committee on Publication.

Dr. W. F. Sutton, of the same committee for Kentucky, sent an apology and asked for further time, which was granted.

The members of the same committee for the States of New Hampshire, Vermont, Massachusetts, New York, New Jersey, Pennsylvania, Delaware, Virginia, South Carolina, North Carolina, Tennessee, the District of Columbia, and the Territory of Minnesota, being called, no reports were made.

The delegates from Connecticut and Louisiana being absent for the time, the consideration of their reports was postponed until to-morrow.

A report from Dr. J. F. Posey, of Ga., was presented by Dr. Arnold, and subsequently withdrawn by him for the purpose of preparing an abstract of it.

The Committee on Nominations then appeared, and through their chairman, Dr. J. B. Lindsley, reported the following officers of the Association for the ensuing year, viz:—

President—Dr. Paul F. Eve, of Tennessee.

Vice-Presidents—Drs. R. J. Breckinridge, of Kentucky, D. M. Reese, of New York, W. H. Byford, of Indiana, and Henry F. Campbell, of Georgia.

And on motion of Dr. Arnold, of Ga., the report was accepted.

The Chairman stated that the Secretaries will be selected when it is ascertained where the next meeting of the Association will be held.

Dr. Wister, of Pa., moved that a committee of three be appointed by the President to conduct the newly elected officers to the chair, which was carried.

The President appointed as such committee, Drs. Arnold, Wister, and McGugin.

The President elect being absent, the Association adjourned to meet at 9 o'clock A. M. to-morrow.

WEDNESDAY, *May* 6, 1857.

The Association met pursuant to adjournment. The minutes of yesterday were read and adopted.

The newly elected officers were then inducted to their respective seats.

Dr. Eve, of Tennessee, on taking the chair, addressed the Association in a few pertinent remarks.

Dr. Winston, of Tennessee, read the names of delegates who had been registered since the last meeting.

Dr. Hooker, from the Committee on Medical Topography and Epidemics for the State of Connecticut, being called on for his report, stated that it was his understanding that the committee were to have three years in which to make their report, and at the end of that time he would either be prepared, or ask the indulgence of the Association for further time.

The President appointed Drs. Currey, Grant, and Evans a Committee on Voluntary Contributions.

The report of Dr. Posey, of Georgia, on the same subject, being called for, Dr. Arnold, of Georgia, read an abstract of that report; when the report was, on motion of Dr. Palmer, of Michigan, referred to the Committee on Publication, under a suspension of the rule.

On motion of Dr. Wood, of New York, the reports which were presented yesterday were also referred to the Committee on Publication, under a suspension of the rule.

The State of Ohio being called upon for a report upon its medical topography and epidemics, the Secretary read an apology from Dr. G. Mendenhall, who asked further time in which to make a report, which was granted.

The States of Mississippi, Missouri, Michigan, Illinois, Indiana, Wisconsin, Iowa, and California, and the U. S. Navy, being called, no response was made,

A telegraphic despatch from Dr, J. M. Sims, of New York, who was to report on the Treatment of the Results of Obstructed Labour, was referred to the appropriate committee.

A communication was read by Dr. Lindsley, of Tennessee, from the Medical Association of Washington City, inviting the Association to hold their next annual meeting in that city. On motion, the communication was referred to the Committee on Nominations.

A resolution was offered by Dr. Bartlett, of Wisconsin, tendering a vote of thanks to the late President of the Association, Zina Pitcher, for the able manner in which he has presided over the deliberations of this body, which was unanimously adopted.

The reports of special committees for 1856-7 being next in order, they were called in order, as follows:—

Inflammation: its Pathology, etc.—Dr. E. R. Peaslee, Maine; asked further time.

Anatomy and Histology of the Cervix Uteri.—Drs H. Hutchinson and Charles E. Isaacs, New York; no report.

Treatment of Cholera.—Dr. J. Taylor Bradford, Kentucky; no report.

Treatment best adapted to each Variety of Cataract, etc.—Dr. Mark Stephenson, New York; further time asked.

Causes of the Impulse of the Heart, etc.—Dr. J. W. Corson, New York; a communication received. Referred.

Causes of Infant Mortality, etc.—Dr. D. Meredith Reese, New York, read an abstract of his report, which was referred to the Committee on Publication.

The venerable Dr. Shelby, of Tennessee, being present, was invited to a seat on the stand.

Dr. Hobbs, of Illinois, offered the following resolution:—

Resolved, That a Committee on Essays (not including Prize Essay) be appointed, to whom all essays prepared by members for publication by this Association shall be referred, which committee shall transfer to the Committee on Publication all essays they judge worth publishing. That said Committee on Essays make a full report of their proceedings to the Association at its next annual session: *Provided*, Authors of rejected essays, being informed of said rejection by said committee, shall have the privilege of withdrawing their essays from the report of the committee to the Association.

On motion of Dr. Palmer, of Michigan, the resolution was indefinitely postponed.

The Secretary read a protest signed by Drs. Richard Arnold, J. Gordon Howard, Pike Brown, and Geo. P. Padford, against admitting the delegates from Oglethorpe Medical College. After explanations and some discussion,

On motion of Dr. Gunn, of Michigan, the protest was laid upon the table, and

On motion of Dr. Palmer, the whole subject was referred to a committee of three to be appointed by the Chair.

Dr. Brodie, of Michigan, moved as an amendment, that no Member of the faculty of a Medical College be appointed upon the committee, which was accepted by the mover.

The Chairman appointed as such committee, Drs. Wister, of Pa., Bemis, of Ky., and Gibbs, of S. C.

Dr. Felix Robertson, the oldest physician in Tennessee, being in attendance, was invited to a seat on the stand.

The Committee on Nominations was convened to transact important business.

The calling of Special Committees was resumed.

Spontaneous Umbilical Hemorrhage, etc.—Dr. J. Foster Jenkins, New York.—Further time asked.

Use of Instruments in Obstetrical Practice.—Dr. Henry Carpenter, Pennsylvania. No report.

Measures to be adopted to Remedy the Evils existing in the present mode of holding Coroners' Inquests.—Dr. Alexander J. Semmes, D. C. Report presented, and the following resolution offered:—

Resolved, That committees of three, in each State, Territory, and the District of Columbia, be appointed, and that said committees be, and they are hereby authorized in the name of this Association, to memorialize their respective Legislatures to pass such laws as will best carry into effect the objects of the foregoing report.

The resolution was adopted.

Treatment of the Results of Obstructed Labour.—Dr. J. Marion Sims, New York. Further time asked and granted.

True Position and Value of Operative Surgery, etc.—Dr. J. B. Flint, Kentucky. Further time asked; granted.

Causes and Cure of Indigestion, etc.—Dr. G. Volney Dorsey, Ohio. No report.

Medical Jurisprudence of Insanity etc.—Dr. C. B. Coventry, New York. Further time granted.

Human, Animal, and Vegetable Parasites.—Dr. Joseph Leidy, Pennsylvania. No report.

Value of Strict Attention to Position in the Treatment of Diseases of the Abdomen.—Dr. M. D. Darnall, Indiana. No report.

Milk Sickness.—Dr. George Sutton, Indiana. No report.

Blending and Conversion of the Types of Fever.—Dr. Clark G. Pease, Wisconsin. Communication sent, but not received. Postponed.

Best Substitutes of Cinchona. etc.—Dr. B. S. Woodworth, Indiana. No report.

Use of Cinchona in Malarious Diseases. Dr. Franklin Hinkle, Pennsylvania. Report furnished. Referred to Committee on Publication.

Nervous System in Febrile Disease.—Dr. Henry F. Campbell, Georgia. Verbal abstract of report given.

Laws Governing the Absorption and Deposit of Bone.—Dr. John Neill, Pennsylvania. No report.

Intimate Effects of Certain Toxicological Agents in the Animal Tissues and Fluids. Dr. John W. Green, New York. No report.

Medical Topography and Fauna of Washington Territory.—Dr. George Suckley, U. S. Army. Report presented and referred.

Flora of Washington and Oregon Territories.—Dr. James Cooper, New Jersey. Report presented and referred.

Intimate Structure and Pathology of the Kidney.—Dr. Charles E. Isaacs, New York. Further time granted.

Diseases Incidental to Emigrants, etc.—Dr. Israel Moses, New York. No report.

Etiology and Pathology of Epidemic Cholera.—Dr. T. W. Gordon, Ohio. Partial report presented and referred.

Excretions as an Index to the Changes going on in the System—Dr. H. A. Johnson, Illinois. No report.

Remedial Effects of Chloroform—Dr. D. D. Thompson, Kentucky. No report.

Best Means of Causing an Increase of the Number of Essays, etc.—Committee: Drs. Leidy, Wood, and Meigs, Pa. No report. Committee continued.

Changes produced in Composition and Properties of Milk, etc.—Dr. N. S. Davis, Illinois. Communication read and time granted.

Stomatitis Materna.—Dr. McGugin, Iowa. Further time granted.

An abstract of the report of Dr. Fenner, of La., upon the Medical Topography of that State was then read and referred to Committee on Publication.

Dr. Dunglison, of Pa., offered the following resolution, which was unanimously adopted:—

Resolved, That in the death of Dr. Grafton, of Miss., the American Medical Association has lost a talented and useful member, and society a benefactor.

Dr. Caspar Wister, chairman of the Committee upon the admission of the delegates from Oglethorpe Medical College, reported in favour of their admission, which report was adopted.

The Secretary read the following preamble and resolutions, which were unanimously adopted:—

Whereas, It has pleased God to remove by death our fellow-member, Robert M. Porter, and because of his devotion to the interests of the Profession of Medicine, and his steady support of the American Medical Association,

Resolved, That this Association learned with unfeigned sorrow of his decease; and that they have lost a firm and intelligent supporter, and society a benefactor and friend.

Dr. T. Bullard, of Ind., offered the following:—

Resolved, That in the death of Dr. John L. Mothersett, this Association has lost a talented and useful member, and society a benefactor.

The Secretary read a communication from the Connecticut Medical Society, asking that the time for holding the meetings of the Association in northern cities be changed to a later period in the year. Referred to the Committee on Nominations with instructions to make a report. Adjourned.

THURSDAY, *May* 7, 1857.

The Association met pursuant to adjournment. The minutes of yesterday were read and adopted.

Dr. Hoyt, from the Committee of Arrangements, read the names of delegates who had been registered since the meeting of the Association yesterday.

The Secretary read a communication from Dr. Clark G. Pease, of Wisconsin, which accompanied his report on "*Blending and Conversion of the Types of Fever.*"

Dr. Hooker, of Conn., moved that the report be referred to the Committee on Voluntary Contributions, which was carried.

Dr. Currey, from the Committee on Voluntary Contributions, submitted the following report, which was accepted:—

The Committee on Voluntary Contributions has examined the following papers, and recommend them for publication in the Transactions of the Association:—

1st. A New Principle of Diagnosis in Dislocations of the Shoulder Joint. By L. A. Dugas, M. D., Professor of Surgery in the Medical College of Ga., Augusta; accompanied by four Photographic plates illustrating the principle.

2d. Medical Statistics of Washington Territory. By George Suckley, M. D., U. S. A, embracing—1st. Geological Divisions of the Territory: its Geology, Meteorology, and Fauna. 2d. White Population and its Diseases. 3d. Native Population, Diseases, and Medical Practice; Causes of their Rapid Disappearance. Concluding remarks.

3d. Medical Flora of Washington and Oregon Territories. By J. G. Cooper, M.D.

All of which is respectfully submitted.

R. O. CURREY, *Ch'n.*
R. T. EVANS,
GEO. R. GRANT.

Dr. Lindsley, from the Nominating Committee, submitted the following report:—

Committee on Nominations beg leave to report:

Secretaries.—Robert C. Foster, of Tenn.; A. J. Semmes, of Washington City.

Treasurer.—Caspar Wister, of Phila.

For the next place of meeting, Washington City.

STANDING COMMITTEES.

Committee of Publication.—Francis G. Smith, of Phila., Chairman; Caspar Wister, of Phila.; R. C. Foster, of Nashville;

A. J. Semmes, of Washington City; Samuel L. Hollingsworth, of Phila.; Samuel Lewis, of Penn.; H. F. Askew, of Delaware.

Committee on Prize Essays.—Grafton Tyler, of Georgetown, D. C., Chairman; J. C. Hall, of D. C.; J. F. May, of D. C.; Thomas Miller, of D. C.; A. J. Semmes, of D. C.; Joshua Riley, of D. C.; W. J. C. Duhamel.

Committee of Arrangements.—Harvey Lindsley, Chairman; W. J. C. Duhamel, Cornelius Boyle, P. H. Coolidge, G. M. Dove, A. Y. P. Garnett, Wm. P. Johnston, of D. C.

Committee on Medical Education.—G. W. Norris, of Phila., Chairman; A. H. Luce, of Ill.; E. R. Henderson, of S. C.; G. R. Grant, of Tenn.; T. S. Powell, of Ga.

Committee on Medical Literature.—A. B. Palmer, of Detroit, Chairman; A. F. Alexander, of Ala.; J. M. Mosgrove, of Ohio; P. Cassidy, of Penn.; S. Pollak, of Missouri.

Vacancies in Committee on Medical Topography and Epidemics.—T. B. Shutard to fill the vacancy caused by the death of Dr. Grafton, of Miss. C. W. Parsons to fill the vacancy caused by resignation of Joseph Mauran, of Rhode Island.

SPECIAL COMMITTEES.

Spontaneous Umbilical Hemorrhage of the Newly-Born.—J. Foster Jenkins, of New York.

Influence of Marriages of Consanguinity upon Offspring.—Dr. Bemiss, of Ky.

Functions of Different Portions of the Cerebellum.—E. Andrews, of Ill.

Causes of the Impulse of the Heart and the Agencies which Influence it in Health and Disease.—J. W. Corson, of New York City.

Treatment of the Results of Obstructed Labour.—J. Marion Sims, of N. Y.

Treatment Best Adapted to Each Variety of Cataract with the Method of Operations, Place of Election, Time, Age, &c.—Mark Stephenson, of N. Y.

Human, Animal, and Vegetable Parasites.—Jos. Leidy, of Phila.

Best Substitutes for Cinchona and its Preparations in the Treatment of Intermittent Fever, &c.—B. S. Woodward, of Ind.

Intimate Structure and Pathology of the Kidney.—Charles E. Isaacs, of N. Y.

Etiology and Pathology of Epidemic Cholera.—T. W. Gordon, Georgetown, Broom Co., Ohio.

Inflammation of Cervix Uteri.—Henry H. Miller, of Louisville, Ky.

On Milk Sickness.—Dr. W. H. Byford.

Best Means of Causing an Increase of the Number of Essays.—Drs. Leidy, Wood, and Meigs, of Pa.

Changes produced in Composition and Properties of Milk.—N. S. Davis, of Ill.

Stomatitis Materna.—D. C. McGugin, Iowa.

On Criminal Abortion, with a View to its General Suppression.—H. R. Storer, of Boston.

The committee recommend that the committees ordered by the adoption of the resolutions accompanying Dr. A. J. Semmes' report be filed by the several State Societies.

On motion of Dr. Brodie, amended so as to refer the same to the officers of several State Societies: carried.

The committee also recommend the amendment of the third article of the constitution, in relation to *meetings*, by inserting after the words "first Tuesday in May," the words, "*or the first Tuesday in June,*" and also by inserting after the words "shall be determined," the words "*with the time of meeting.*"

Special Committee on the Present State of Science, as regards the Pathology and Therapeutics of the Reproductive Organs of the Female.—D. Fordyce Barker, of New York.

On Moral Insanity.—D. M. Reese, M. D., New York.

On Calculi and Diseases of the Urinary Organs in Iowa, Minnesota and Nebraska.—Dr. J. C. Hughes, of Keokuk.

On the Nature, Tendency, and General Treatment of Syphilitic Bubo.—Moses Gunn, of Detroit.

On Medical Education.—(By Dr. Currey's resolution)—Jas. R. Wood, of New York; Geo. R. Grant, Memphis, Tenn.; John Watson, New York; C. B. Nottingham, Macon, Ga.; R. La Roche, Philadelphia, Penn.

To fill a vacancy in the Committee on Medical Topography and Epidemics.—Dr. J. L. Cabell, Charlottsville, Va.

Dr. Marsh moved that the report of the Nominating Committee be taken up, and each subject to which it refers be considered separately; which motion prevailed. That portion relating to nominations was then adopted.

The place of the next annual meeting of the Association being the next subject in order, after some discussion,

On motion of Dr. Marsh, the report of the committee was adopted.

Dr. Lindsley moved that, as Dr. Semmes, one of the newly elected Secretaries, was absent, Dr. Brodie, of Michigan, be elected Secretary *pro tem.;* which was carried.

Dr. Pitcher offered the following resolution, which was unanimously adopted:—

Resolved, That a committee of three be appointed, of which the President of the Association shall be chairman, to communicate with the Surgeon-General of the Army, the chief of the Medical Bureau of the Navy, and the Secretary of the Treasury of the United States, with a view to secure the concurrence of these departments of the Federal Government, so that its contributions to the medical topography, the vital statistics, and the sanitary police of the nation may be made tributary to the labours of this Association.

The Chairman appointed as such committee, Drs. Z. Pitcher, of Michigan, and R. H. Coolidge, of Kansas.

Dr. Yandall offered the following resolution:—

Resolved, That this Association reaffirm the principles respecting the rights of constituent bodies announced in a report contained in the fifth volume of the *Transactions*, in the following terms:—

"The faculty of every chartered medical college shall have the privilege of sending two delegates to the Association: *Provided*, That the said faculty contain not less than six professors, who give one course of instruction annually, of not less than sixteen weeks, on anatomy, materia medica, theory and practice of surgery, midwifery, and chemistry, and also that the said faculty requires that its candidates for graduation, among other requisites, shall have attended two full courses of lectures, with an interval of not less than six months between them, one of which courses must have been in their institution."

Dr. Breckinridge in the chair,

Dr. Buchanan proceeded to discuss the resolution, and, at the close of his remarks, moved to lay it on the table; which was subsequently withdrawn.

Dr. Boring offered the following resolutions in lieu, which he proceeded to discuss:—

Resolved, That this Association has not the power to control the subject of medical education.

Resolved, That the great objects of this Association are the advancement of medical science, and the promotion of harmony in the profession.

Resolved, That the attempt upon the part of this body to regulate medical education having most signally failed in its object, and already introduced elements of discord, any further interference with this subject would not only be useless, but calculated to disturb and distract the deliberations of the Association.

Dr. Currey offered the following resolutions in lieu of the whole subject:—

Whereas, The subject of medical education has been committed at each annual session to standing committees, and various suggestions have been proposed, which the Association has adopted, and recommended to private instructors and to the medical colleges—

Resolved, That a committee of five be appointed by the Committee on Nominations, as a special committee, to be composed of members who are in no respect connected with any medical school, to devise *a system of medical instruction*, to be presented for the consideration of this Association at its annual session in 1858.

Resolved, That the proposed system shall set forth a uniform basis upon which our medical institutions shall be organized, as well as have reference to the best mode of securing the preparatory medical instruction to the student, and that consequently the legitimate subjects to be embraced in said system will include primary medical schools, the number of professorships in medical colleges, the length and number of terms during the year, the requisite qualifications for graduation, and such other subjects of a general character as to give uniformity to our medical system, and preserve harmony and friendly intercourse in the ranks of the profession.

Resolved, That upon the adoption of the proposed system by the Association, all institutions which may conform to it shall be entitled to representation at the annual sessions of this Association, and none others.

After considerable discussion, these resolutions were adopted.

Dr. Bowling, chairman of the Committee on Prize Essays, submitted the report of said committee, as follows:—

The Committee on Prize Essays report that four essays have been received, each possessing great merit.

The committee selected the following two essays for the two prizes provided for at the last meeting of this Association:—

1. One entitled "The Excreto-Secretory System of Nerves: its Relations to Physiology and Pathology." Motto: "*Observation becomes experiment when used in severe processes of induction.*" Signed, Henry Frazer Campbell, Georgia.

2. "Experimental Researches relative to the Nutritive Value, and Physiological Effects of Albumen, Starch, and Gum, when singly and exclusively used as Food." Motto:

"*Quum sequimur? quone in jubes? ubi ponere sedis?*
Da pater augurium, atque animis illabere nostris!"

Signed, William A. Hammond, M.D., Assistant Surgeon U. S. Army.

The President read an invitation to the members of the Association to visit the University of Nashville, in its military, literary, and medical departments.

The Committee on Voluntary Contributions reported in favour of the publication in the *Transactions* of the Association of the following paper: "On the Blending and Conversion of Types in Fever." By C. S. Pease, M. D., of Wisconsin. The report was adopted.

Dr. McMurray offered the following resolution, which was adopted:—

Resolved by this Association, That the Committee on Publication be instructed to append the Code of Ethics of the American Medical Association to each volume of its present and future annual *Transactions*.

The amendments to the Constitution proposed by Dr. Stocker, of Pa., at the last annual session, were taken up and laid on the table.

Dr. Lindsley offered the following amendment to the Constitution, which was seconded by Dr. Gunn:—

In Art. II. omit the words "medical colleges," and also the words "the faculty of every regularly constituted medical college or chartered school of medicine shall have the privilege of sending two delegates."

The amendment lies over until the next meeting of the Association, under a rule of the organization.

On motion of Dr. Palmer, the resolutions reported at the last annual meeting of the Association, by the Committee on Plans of Organization for State and County Medical Societies, were taken up and adopted.

The following resolutions were offered and adopted:—

By Dr. Pitcher—

Resolved, That the members of this Association, as recipients of the cordial, generous, and elegant hospitalities extended to them by the profession and the citizens of Nashville, in placing on record an expression of thanks for the social amenities they have enjoyed during its tenth annual session, wish also to leave behind them the assurance that the recollection of their short sojourn in Tennessee will be cherished as dearly as the remembrance of the far-off sound of water by the exhausted and way-worn traveller.

By Dr. Means—

Resolved, That the earnest thanks of this body be presented to the authorities of the State and city, who have tendered this magnificent State Capitol for their sittings during the present session.

By Dr. Currey—

Resolved, That the thanks of the Association be tendered to the reporters of the city press for the accuracy and promptness with which they have reported the proceedings of the Association, and to the publishers for the liberal supply of their morning papers during the session of the Association.

By Dr. Wister—

Resolved, That the thanks of this meeting be presented to Dr. Wm. Brodie, for the efficiency with which he has discharged his duties as Secretary.

By Dr. Byford—

Resolved, That the State and County Societies throughout the Union be requested to recommend to their members to purchase the *Transactions of the American Medical Association*, and that their officers act as agents for the same.

On motion of Dr. Gunn, of Michigan, the Association recognized the presentation of a pamphlet by Henry Frazer Campbell, M. D., claiming priority in the discovery and naming of the excito-secretory system of nerves.

On motion of Dr. Byford, the Association then adjourned *sine die*.

MINUTES OF THE PROCEEDINGS OF THE QUARANTINE CONVENTION.

WEDNESDAY, *May* 13, 1857.

The Quarantine Convention met in the Supreme Court room, Philadelphia, May 13, 1857, at 11 o'clock A. M., and was temporarily organized by the election of Wm. Bonsall, Esq., President of the Philadelphia Board of Health, to the chair, and of Dr. Jos. R. Coad, Secretary of the Philadelphia Board of Health, as Secretary.

The object of the Convention was then stated by Dr. Wilson Jewell, of Philadelphia, who read an extract from the minutes of the Philadelphia Board of Health, including the printed invitation of that Board, and welcomed the delegates to Philadelphia on its behalf.

Dr. Jewell then concluded his opening address with a brief sketch of the quarantine regulations in force at the different seaports of the United States.

The names of seventy-five delegates, from nine different States, were then read and reported as having been received by the Committee of Arrangements, and as having entered their signatures upon the register.

On motion of Dr. Thompson, of Del., it was

Resolved, That a committee of one from each State represented be appointed to nominate permanent officers of the Convention.

Whereupon the Chair appointed the following delegates: Dr. Thompson, of Del.; Dr. J. B. Biddle, of Pa.; Dr. Barton, of La.; Dr. Moriarty, of Mass.; Dr. Parsons, of R. I.; Dr. Kemp, of Md.; Councilman Valentine, of N. Y.; Dr. Selden, of Va.; and Dr. Nichols, of N. J.

On motion of Councilman Haswell, of N. Y., it was

Resolved, That the rules of order which govern the House of Representatives of the United States be also the rules of order for this Convention.

On motion of Councilman Haswell, of N. Y., it was

Resolved, also, That a committee of five be appointed by the Chairman, to report the rule of representation by which the Convention shall be governed in its voting.

The Chair appointed on this committee, Mr. Haswell, of New York; Dr. Condie, of Philadelphia; Dr. Jones, of New Orleans; Mr. Quincey, of Baltimore; and Ald. James, of Boston.

The Committee on Nominations then reported the following delegates for election as permanent officers of the Convention:—

President—Dr. Wilson Jewell, of Philadelphia.

Vice-Presidents—Dr. E. H. Barton, of New Orleans, and the Hon. Alex. H. Rice, Mayor of Boston.

Secretaries—Dr. Edward Hartshorne, of Philadelphia, and Homer Franklin, Esq., of New York.

The nominations having been unanimously confirmed, the Convention was permanently organized, with the President, Dr. Jewell, in the chair.

Invitations from C. F. Lex, President of the Point Breeze Park Association; C. Slater, Secretary of the Philadelphia Board of Guardians of the Poor; Hon. R. Vaux, President of the Board of Inspectors of the Eastern State Penitentiary; and Gavin H. Woodward, Secretary of the Philadelphia Board of Health, were received; all of which were accepted.

On motion of Mr. Diehl, of Philadelphia, it was determined that the daily sessions of the Convention commence at 10 o'clock A. M.

On motion of Dr. Askew, of Wilmington, Del., it was

Resolved, That a committee of seven be appointed to prepare and arrange business for the Convention.

Whereupon the President appointed Dr. Askew, of Del.; Dr. Kemp, of Baltimore; Dr. Barton, of Louisiana; Dr. Condie, of Philadelphia; Dr. Hayward, of Boston; Dr. Parsons, of Rhode Island; and Dr. Selden, of Virginia.

The Committee to Determine the Rule of Voting, then reported the following resolution:—

"*Upon all questions involving the final decision or recommendation of this Convention, each body represented shall have one vote; but on all matters occurring in the current business of the Convention, each delegate shall have a voice.*"

On motion of Dr. Condie, the Convention adjourned, to meet again at 4 o'clock P. M.

Afternoon Session, 4 o'clock P. M.

Convention called to order by the President.

The list of delegates was then read and corrected.

The minutes of the morning session having been read and corrected, were then approved.

A communication from Dr. Sterling, of New York, having been presented, was ordered to be read, and, during the reading, was, on motion of Dr. Condie, of Philadelphia, referred to the Committee on Business.

On motion of Dr. Askew, of Delaware, on behalf of the Committee on Business, Messrs. Homer Franklin, of New York, and John H. Diehl, of Philadelphia, were appointed additional members of that committee.

The Committee on Business then offered a report in part, together with a preamble and resolutions, and asked leave to sit again.

On motion of Mr. Franklin, of N. York, the report, with its preamble and resolutions, was recommitted, with authority to the committee to have it printed in time for the use of the delegates at the morning session.

Dr. Emerson, on behalf of the Academy of Natural Sciences, announced that the hall and museum of the Academy would be opened, expressly for the reception of the delegates to the Quarantine Convention, to-morrow (Thursday) afternoon, between the hours of three and six o'clock.

On motion, this invitation was accepted.

The Convention then adjourned.

THURSDAY, *May* 14, 10 *o'clock A.M.*

The Convention was called to order by the President in the chair.

The roll was then called, and fifty-four delegates were present.

The minutes of the previous afternoon session were read and approved.

A letter from Dr. Thompson, Marine Hospital Physician of New York, to Homer Franklin, Esq., having been offered to the Convention, was ordered to be read; and, during the reading, was, on motion of Dr. Steiner, of Baltimore, referred to the Committee on Business.

The Committee on Business then presented a printed report in part, including the preamble and resolutions which were recommitted at the previous session.

On motion of Dr. Condie, of Philadelphia, the first resolution was unanimously adopted, as follows:—

Resolved, That it is expedient that the system of quarantine regulations be revised, and that correct principles, as far as scientific research and observation have developed them, should be the basis of future enactments, to the end that a uniform code, as far as practicable, may be secured in all our ports.

On motion of Dr. Condie, of Philadelphia, it was

Resolved, That the propositions of the second resolution be considered separately.

The first proposition of the second resolution was unanimously adopted, as follows:—

1. There are certain diseases which may be introduced into a community by foul vessels and cargoes, and diseased crews and passengers.

The second proposition also was agreed to without amendment, and reads as follows:—

3. These diseases are smallpox, and, under certain circumstances, typhus fever, cholera, and yellow fever.

The third proposition being next considered, it was, on motion of Dr. Snow, of Providence, amended by substituting the word "not" for the words "scarcely be expected," and was then adopted, so as to read thus:—

3. When the latter diseases are introduced in this manner, their action is limited to individuals coming within their immediate influence, and cannot become epidemic, unless there exist in the community the circumstances which are calculated to produce such diseases independent of the importation.

The fourth proposition being next before the Convention, it was, on motion of Dr. Jones, of New Orleans, laid upon the table.

On motion of Dr. Kemp, of Baltimore, the same proposition was taken up again, and then referred to the Committee on Business.

The fifth proposition being next in order, was agreed to, as follows:—

5. Efficient sanitary measures, including quarantine, will, in most cases, prevent the introduction of these diseases, and may, at any rate, disarm them of their virulence, and prevent their extension, when introduced.

Proposition sixth was, on motion of Dr. Bell, of Philadelphia, amended by striking out the words "as preventive of disease," and substituting the word "often" for the word "are," and was then adopted, so as to read thus:—

6. That the present quarantine regulations

in operation in most of our States are inefficient, and often prejudicial to the interests of the community.

The seventh proposition having been read, on motion of Dr. Biddle, of Philadelphia, the different sections were considered separately.

The first of these sections was, on motion of Alderman Haswell, of New York, and Dr. Jones, of New Orleans, amended so as to read thus:—

7. Disease may be introduced, first, by a foul vessel, especially where proper measures are not taken to keep the hold free from stagnant and putrid bilge-water; and more particularly when there exist in the hold droppings or drainage, or other putrefiable matters, which are allowed to penetrate and remain between the timbers of the ship.

And was then adopted as amended.

The second section was next considered, and, on motion of Councilman Haswell, of New York, was amended so as to read thus:—

"By cargoes, consisting, in whole or in part, of rags, cotton, or like porous substances, shipped from ports at which any malignant epidemic or endemic disease, of a contagious or infectious character, prevailed at the time when the vessel was loaded."

It was then agreed to as amended.

The third section was next adopted, with a verbal alteration as follows:—

3. By filthy bedding, baggage, and clothing of immigrant passengers, particularly when these are crowded together in insufficient quarters, although the passengers themselves may be free from any actual disease.

The fourth section being then submitted, was agreed to with verbal alterations, so as to read thus:—

4. By the air that has been confined during a voyage in closely sealed or ill-ventilated holds.

The fifth section was next adopted as follows:—

5. By squalid and diseased passengers landed and crowded together in unhealthy neighborhoods, or in small and ill ventilated dwellings.

The sixth section also was agreed to, as it stands, thus:—

6. By passengers and crews who are actually labouring under, or infected with any positively contagious disease, and their bedding, clothing, and baggage.

Invitations from the Academy of the Natural Sciences, the Franklin Institute, and the Philadelphia Gas Company, were read and accepted.

On motion of Dr. Condie, the Convention adjourned until 4 o'clock in the afternoon.

Afternoon Session, May 14, 4 *o'clock.*

The Convention was called to order by the President in the chair.

On motion, the calling of the roll, and the reading of the minutes of the morning session, were postponed. An invitation from Messrs. Childs and Peterson, to view the relics of Dr. Kane's Arctic Expedition at their publishing establishment, was read and accepted.

The eighth proposition of the report of the Committee on Business being then in order for discussion, on motion of Mr. Wightman, of Boston, the first sentence was altered so as to read thus:—

"To prevent, therefore, the introduction of disease from the several causes enumerated, the necessity is apparent of providing a system by which all parts of the vessel may be ventilated during the voyage; and for the careful inspection of all vessels immediately on their arrival, and before they are allowed to come up to the wharves of a city, for the landing of passengers or discharge of their cargoes."

The second sentence of this proposition was, on motion of Dr. Hayward, of Boston, amended by inserting after the words "no vessel," the words "arriving between the 1st of May and the 1st of November." It was further amended, on motion of Dr. Clark, by striking out the words "by the opening of the hatches and the introduction of wind sails;" and, on motion of Mr. Diehl, of Philadelphia, and Councilman Haswell, of New York, it was lastly amended, by striking out all after the words "entirely removed." The sentence, as agreed to, reads as follows:—

"No vessel, in fact, should be admitted to a port between the 1st of May and the 1st of November, until her hold is freely and fully ventilated, nor until the bilge-water is entirely removed."

The whole eighth proposition, as amended, was then adopted, and is expressed as follows:—

8. To prevent, therefore, the introduction of disease from the several causes enumerated, the necessity is apparent of providing

a system by which all parts of the vessel may be ventilated during the voyage, and for the careful inspection of all vessels immediately upon their arrival, and before they are allowed to come up to the wharves of a city, for the landing of their passengers and discharge of their cargoes. No vessel, arriving between the 1st of May and the 1st of November, should, in fact, be admitted to a port, until her hold is freely and fully ventilated, nor until the bilge-water is entirely removed.

The ninth, tenth, and eleventh propositions were next submitted, and severally agreed to as presented, to the following effect:—

9. Provision should be made for the immediate landing of all those portions of the cargo, baggage, and clothing, that may be judged capable of generating or communicating disease, and for their proper purification, at such places, and under such regulations, as shall preclude all danger of their exerting a morbific influence, either immediately, or upon their subsequent admission into the city.

10. Provision should be made also for the immediate landing of all such persons from on board of vessels as they arrive, and their due and comfortable accommodation and treatment, until such time as they can be taken charge of, and properly cared for, by their friends.

11. In the case of a ship-load of squalid passengers, or those strongly predisposed to disease, their clothing, beds, and other effects, should be at once subjected to a thorough ventilation and purification; and, upon their landing, adequate measures should be adopted to prevent them from crowding together in confined, unhealthy, and illy-ventilated dwellings and localities.

The twelfth proposition being then in order, was amended, on motion of Councilman Haswell, of New York, by omitting the word "particularly" in the first line, and agreed to, so as to read as follows:—

12 When a vessel arrives in a foul condition, or on board of which disease has prevailed during the voyage, after her crew and passengers have been removed from her, she should be subjected to a thorough process of cleansing and purification; for which purpose it may be necessary to discharge her cargo at a safe distance from the city, and to allow only such portions of it to be conveyed there as are incapable of creating disease, the residue being subject to ventilation in such a manner as shall prevent it from suffering damage and all avoidable deterioration.

The thirteenth, fourteenth, fifteenth, sixteenth, seventeenth, and eighteenth propositions were then read and unanimously adopted in succession, and without alteration, in the following language:—

13. The carrying out of these provisions should be intrusted to a single officer, with such assistants as may be required to facilitate him in the execution of his functions.

14. This officer should be a regular physician, of unquestionable talents and experience, and possessed of great decision and rectitude of character.

15. His compensation should be sufficiently ample to enable him to devote his entire attention and energies, throughout the year, to the duties of his office.

16. While the power of removing him for incompetency, neglect, or other adequate cause, should be vested in some competent tribunal, his appointment should be based solely upon his capacity to fulfil satisfactorily his incumbent duties, and his continuance in office made dependent upon his faithful and skilful discharge of those duties.

17. To this officer should be intrusted the sole and entire decision, under certain general provisions established by law, as to the treatment required in the case of each vessel that shall arrive, and of its cargo, crew, and passengers, and to place it and these in a condition to prevent any danger of the introduction by them of disease, he, at the same time, being held to a strict accountability for the manner in which the discretionary power thus confided to him, is executed.

18. As in every community a Board of Health is necessary to watch over its sanitary condition, and to prevent or remove all domestic sources of disease, this body would appear to be the one in which the power of appointing, and the general supervision of the official conduct of the Quarantine Physician, may, with the greatest propriety, be invested.

The third portion of the report of the Committee on Business was then presented, and the first two propositions having been adopted without discussion, the question on their adoption was, on motion of Dr. Hayward, of Boston, reconsidered, and the further action of the Convention upon these and the subsequent propositions of the Committee on Business, was postponed.

Invitations from Mr. Chapin, Principal of the Philadelphia Institution for the Blind, and from the Board of Managers of the Philadelphia House of Refuge, were read and accepted.

On motion of Dr. Emerson, the Convention then adjourned.

FRIDAY, *May* 16, 10 *o'clock A. M.*

Convention called to order by the President in the chair.

The roll was called; and the minutes having been read and corrected, were approved.

On motion of Dr. Condie, of Philadelphia, the consideration of the third portion of the report of the Committee on Business, which was in order, was postponed.

A communication from A. N. Bell, Esq., and one from D. E. Wheeler, Esq., both of New York, having been presented, were, on motion of Dr. Condie, separately read, and referred to the Committee on Business.

The Committee on Business then presented the concluding portion of their report, embracing one resolution, a substitute for the recommitted 4th proposition, and other propositions.

On motion of Mr. Diehl, of Philadelphia, the resolution and propositions were considered separately, and the question being taken on the resolution, on motion of the same delegate, it was negatived.

The substitute for the fourth proposition being then submitted, on motion of Mr. Wright, of Boston, it was amended by substituting the words "in connection with" for the words "in seasons marked by," and adopted as amended, so as to read as follows:—

That the circumstances alluded to consist in vitiated states of the atmosphere, from local causes, in connection with peculiar meteorological conditions.

The next proposition having been amended, on motion of Councilman Haswell, of New York, by substituting the words "to procure" for the words "of procuring," and by adding the words "will be required" at the end, was adopted as amended, so as to read as follows:—

With the view to procure a uniformity in quarantine regulations throughout the several ports of the United States, the assembling of another, and probably several Conventions similar to the present one, will be required.

The proposition succeeding the above being then before the Convention, it was amended, on motion of Mr. Diehl, by striking out the word "final," and on motion of Dr. Thompson, of Del., by substituting for "—— members" the words "one member from each State represented in the Convention;" and on motion of Dr. Steiner, of Baltimore, it was further amended by striking out the words "unless the gentlemen above named be returned as delegates to said Convention," and substituting the word "powers" for the word "functions." It was then adopted as amended, as follows:—

To provide for the assembling of such a Convention in 1858, it is suggested that the President, Vice-Presidents, and Secretaries of this Convention, with a committee of one member from each State represented in the Convention, be continued after our adjournment, as commissioners for the purpose of taking the necessary steps for the call of a Convention next year: *Provided, however,* That their powers shall cease immediately upon the assembling and organization of the Convention of 1858.

The last proposition of this portion of the report was then, on motion of Dr. Bigelow, stricken out.

On motion of Dr. Condie, it was thereupon

Resolved, That hereafter the name of this Convention shall be THE QUARANTINE AND SANITARY CONVENTION.

The consideration of the third portion of the report of the Committee on Business being then resumed, on motion of Dr. Condie, its propositions were ordered to be read and considered separately.

The first, second, and third propositions were read in succession, as they follow:—

1. "Yellow fever is not contagious, *per se.*

2. "That it is only propagated in a foul or infectious atmosphere, analogous to that which gave it birth.

3. "That the term 'contingent contagion' is a misnomer, inapplicable to yellow fever; that whatever condition relates to yellow fever is essential, whether of an atmospheric or malarious condition, and that without these yellow fever always ceases with the individual case."

After several different motions for amendment, they were, on motion of Mr. Diehl, of Philadelphia, indefinitely postponed by a unanimous vote.

The fourth and fifth propositions were then separately represented in the following terms:—

4. "That Quarantine measures *alone* can never protect a community either from the introduction or propagation of disease, however rigid it may be, as it is but a branch of the important department of hygiene.

5. "That we believe that efficient sanitary measures, properly enforced, can always protect a community against the origination or extension of any of the above diseases, except smallpox."

On motion of Dr. Kemp, they were likewise indefinitely postponed.

The sixth proposition was then, on motion of Dr. Kemp, amended so as to read as follows:—

A thorough examination should be made of all immigrants on their arrival; and if they are not protected against the smallpox, they should be vaccinated.

The seventh proposition was amended, on motion of Dr. Condie, by omitting the word "regular," and on motion of Dr. Clark, of Boston, by substituting the words "at stated periods" for the word "monthly," and adopted, as follows:—

We recommend that there should be attached to our boards of health and quarantine establishments stations for minute meteorological observations, and vaccine establishments, and that records of these be published at stated periods for the public benefit.

The eighth proposition was, on motion of Councilman Haswell, of New York, amended so as to read as follows:—

We advise the introduction of increased comforts for crews and passengers, and the ventilation and purification of vessels by a more effectual method.

It was then agreed to as amended.

The President then announced the following delegates as members of the Committee of Arrangements for the coming year: Ald. J. M. Wightman, of Mass.; Dr. E. M. Snow, of R. I.; Ald. Haswell, of N. Y.; Dr. J. B. Biddle, of Pa.; Dr. J. Thompson, of Del.; Dr. Kemp, of Md.; Dr. Selden, of Va.; Dr. Lindsay, of La.

The resolutions and propositions of the Report of the Business Committee having been severally considered, and agreed to as amended, the question then occurred on the preambles.

On motion of Dr. Condie, the second preamble was stricken out as unnecessary; and the first preamble was approved, as follows:—

Whereas great interest has been awakened in the questions pertaining to commercial intercourse among the nations of the earth, and to the close relations, under some circumstances, of the health of communities to the regulations which affect this intercommunication; and inasmuch as there is great diversity and irregularity in the rigour of enactment which characterizes the legislation of different bodies upon this subject:

The question on the whole report, with preamble, resolutions, and propositions, as severally amended, being then proposed, a recess of five minutes was ordered, on motion of Councilman Haswell, to enable the different delegations to agree upon their representative votes.

The vote having been taken by delegations, nineteen answered Yea, two answered Nay, and two reported a tie.

The report, as amended, was agreed to, as follows:—

The Committee on Business would respectfully present the following as their report:—

Whereas great interest has been awakened in the questions pertaining to commercial intercourse among the nations of the earth, and to the close relations, under some circumstances, of the health of communities to the regulations which affect this intercommunication; and inasmuch as there is great diversity and irregularity in the rigor of enactment which characterizes the legislation of different bodies upon this subject; therefore be it

Resolved, That it is expedient that the system of Quarantine Regulations be revised, and that correct principles, as far as scientific research and observation have developed them, should be the basis of future enactments, to the end that a uniform code, as far as practicable, may be secured in all our ports.

Resolved, That the following propositions be regarded as the sentiment of this Convention:—

1. There are certain diseases which may be introduced into a community by foul vessels and cargoes, and diseased crews and passengers.

2. These diseases are smallpox, and under certain circumstances, typhus fever, cholera, and yellow fever.

3. When the latter diseases are introduced in this manner, their action is limited to individuals coming within their immediate influence, and cannot become epidemic or endemic, unless there exist in the community the circumstances which are calculated to produce such disease independent of the importation.

4. That the circumstances alluded to, consist in vitiated states of the atmosphere, from local causes, in connection with peculiar meteorological conditions.

5. Efficient sanitary measures, including quarantine, will in most cases prevent the introduction of these diseases, and may at any rate disarm them of their virulence, and prevent their extension, when introduced.

6. The present quarantine regulations, in operation in most of our States, are inefficient, and often prejudicial to the interests of the community.

7. Disease may be introduced; 1st, by a foul vessel, especially when proper measures are not taken to keep the hold free from stagnant and putrid bilge-water; and more particularly when there exist in the hold droppings or drainage from putrefiable matters which are allowed to penetrate and remain between the timbers of the ship. 2d. By cargoes consisting in whole or in part of rags, cotton or like porous substances, shipped from ports at which any malignant epidemic or endemic disease of a contagious or infectious character prevailed at the time when the vessel was loaded. 3d. By the filthy bedding, baggage, and clothing of immigrant passengers, particularly when these are crowded together in insufficient quarters, although the passengers themselves may be free from any actual disease. 4th. By the air that has been confined during the voyage in closely sealed and ill-ventilated holds. 5th. By squalid and diseased passengers landed and crowded together in unhealthy neighborhoods, or in small and ill-ventilated dwellings. 6th. By passengers and crews, who are actually labouring under, or infected with any positively contagious disease, their bedding, clothing, and baggage.

8. To prevent, therefore, the introduction of disease from the several causes enumerated, the necessity is apparent of providing a system by which all parts of a vessel may be ventilated during a voyage; and for the careful inspection of all vessels immediately upon their arrival, and before they are allowed to come up to the wharves of a city, for the landing of their passengers and discharge of their cargoes. No vessel, arriving between the 1st of May and the 1st of November, should, in fact, be admitted to a port, until her hold is freely and fully ventilated, nor until the bilge-water is entirely removed.

9. Provision should be made for the immediate landing of all those portions of the cargo of a vessel, and the baggage and clothing that may be judged capable of generating or communicating disease, and for their proper purification, at such places and under such regulations as shall preclude all danger of their exerting a morbific influence, either immediately, or upon their subsequent admission into the city.

10. Provision should be made also for the immediate landing of all such persons from on board of vessels as they arrive, and their due and comfortable accommodation and treatment, until such time as they can be taken charge of, and properly cared for by their friends.

11. In the case of a ship-load of squalid passengers, or those strongly predisposed to disease, their clothing, beds, and other effects, should be at once subjected to a thorough ventilation and purification; and, upon their landing, adequate measures should be adopted to prevent them from crowding together in confined, unhealthy, and ill-ventilated dwellings and localities.

12. When a vessel arrives in a particularly foul condition, or on board of which disease has prevailed during the voyage, after her crew and passengers have been removed from her, she should be subjected to a thorough process of cleansing and purification, for which purpose it may be necessary to discharge her cargo at a safe distance from the city, and to allow only such portions of it to be conveyed there as are incapable of creating disease, the residue being subject to ventilation in such a manner as shall prevent it from suffering damage and all unavoidable deterioration.

13. The carrying out of these provisions should be intrusted to a single officer, with such assistants as may be required to facilitate him in the execution of his functions.

14. This officer should be a regular phy-

sician, of unquestionable talents and experience, and possessed of great decision and rectitude of character.

15. His compensation should be sufficiently ample to enable him to devote his entire attention and energies, throughout the year, to the duties of his office.

16. While the power of removing him for incompetency, neglect, or other adequate cause, should be vested in some competent tribunal, his appointment should be based solely upon his capacity to fulfil satisfactorily his incumbent duties, and his continuance in office made dependent upon his faithful and skilful discharge of those duties.

17. To this officer should be intrusted the sole and entire decision, under certain general provisions established by law, as to the treatment required in the case of each vessel that shall arrive, and of its cargo, crew, and passengers, and to place it and these in a condition to prevent any danger of the introduction by them of disease, he, at the same time, being held to a strict accountability for the manner in which the discretionary power thus confided to him, is executed.

18. As in every community a Board of Health is necessary to watch over its sanitary condition, and to prevent or remove all domestic sources of disease, this body would appear to be the one in which the power of appointing, and the general supervision of the official conduct of the Quarantine Physician may, with the greatest propriety, be invested.

19. In order to procure a uniformity in quarantine regulations throughout the several ports of the United States, the assembling of another, and probably several conventions similar to the present one, will be required.

20. To provide for the assembling of such a convention in 1858, it is suggested that the President, Vice-Presidents, and Secretaries of this Convention, with a committee of one member from each State represented, be continued after our adjournment, as commissioners for the purpose of taking the necessary steps for the call of a convention next year; provided, however, that their powers shall cease immediately upon the assembling and organization of the Convention of 1858.

21. A thorough examination should be made of all immigrants on their arrival, and if they are not protected against smallpox, they should be vaccinated.

22. We recommend that there should be attached to our Board of Health and Quarantine establishments stations for minute meteorological observations and vaccine establishments; and that records of these be published at stated periods for the public benefit.

23. We advise the introduction of increased comforts for seamen and passengers, and the ventilation and purification of vessels by a more effectual method.

Signed, HENRY F. ASKEW,
Chairman of the Committee on Business.

On motion of Dr. Condie, it was

Resolved, That the vote of each delegation on the adoption of the Report of the Committee on Business be entered on the minutes.

The delegations voting in the affirmative were: Massachusetts—Boston Board of Health, Boston Port Physician (External Health), Boston Marine Hospital (Internal Health); Rhode Island—Providence Board of Health, Providence Medical Association; New York—Board of Health; New Jersey—Newark Board of Health, Camden Board of Health; Pennsylvania—Philadelphia Board of Health, Philadelphia Board of Trade, Philadelphia College of Physicians, Philadelphia County Medical Society; Delaware—Wilmington Board of Health, Med. Association of Wilmington; Maryland—Baltimore Board of Health, Baltimore Board of Trade, Baltimore Medical and Surgical Society, Baltimore Pathological Society. Those who voted in the negative were: Virginia—Norfolk Board of Health, and Norfolk City Council. The delegations from the Common Council of New Orleans and the New Orleans Board of Health reported each a tie vote.

On motion of Dr. Clark, of Boston, Mass., it was then

Resolved, That the Business Committee, with the Secretaries of the Convention, be authorized to revise and print in a convenient form, and distribute to the members of this Convention, its proceedings; including, also, in an appendix, such of the communications which have been addressed to it as they may think proper.

On motion of Mr. Diehl, of Philadelphia, it was

Resolved, That when this Convention adjourns, it adjourn subject to the call of the President of the Convention.

On motion of Mr. Quincy, of Baltimore,

seconded by Dr. Steiner, of Baltimore, it was

Resolved, That the Convention be recommended to hold its next annual meeting in Baltimore.

On motion of Dr. Lindsay, of New Orleans, it was

Resolved, That each municipal body represented in this Convention be recommended to appoint one or more capable persons to keep a record of the invasion or origin and progress of future epidemics that may from time to time visit them, and return a copy of the same to this Convention.

On motion of Dr. Jones, of New Orleans, it was

Resolved—1. That, in addition to the usual quarantine establishments, this Convention recommends the introduction of efficient means for removing all persons of limited means from infection, and for preventing the ingress of immigrants and other unseasoned people into ports and cities labouring at the time under pestilential diseases.

2. That in all cases where rumours and unauthorized reports indicate certain ports or cities as the seats of epidemic and pestilential diseases of the nature provided against, no such reports shall be the basis for action elsewhere, unless sustained by an official declaration of the Boards of Health, or other properly constituted authorities.

3. That all such Boards of Health and other public authorities shall be obligated to declare the existence of invasions of yellow fever and cholera, in their epidemic forms, as they may from time to time make their appearance in the localities under their control.

On motion of Dr. Snow, of Providence, it was then

Resolved, That we recommend the adoption of a complete, accurate, and uniform system of registration of births and deaths in all our cities, as a necessary accompaniment of efficient sanitary measures.

On motion of Councilman Haswell, of New York, it was

Resolved, That the thanks of this Convention be extended to Dr. Wilson Jewell, for the courteous and able manner in which he has presided over our deliberations, and that we congratulate the citizens of the United States upon the promise of benefits which are confidently expected to arise from the action of this body.

On motion of Dr. Parsons, it was next

Resolved, That the thanks of this Convention be and are hereby tendered to the public officers and to the managers of the public institutions of Philadelphia, for the many civilities extended to the delegates during their attendance in this city.

The thanks of the Convention were, on motion, extended also to the Business Committee and the Secretaries.

The Convention then adjourned.

Jefferson Medical College.—We learn that Dr. R. M. HUSTON has been compelled, from ill health, to resign the Professorship of Materia Medica and Therapeutics in this Institution. Prof. H. was an active and zealous member of the faculty, and contributed largely, by his labours, to the success of the school. We wish him a full share of happiness in his retirement.

Matriculants in Medical Colleges at the Session of 1856–7.—We continue this list from our number for April last, p. 54.

Med. College of Georgia (Augusta)	160
Med. Depart. University of Michigan	167
New York Medical College	106
New Orleans School of Medicine	75
Medical College of Virginia	72

OBITUARY RECORD.—Died, at St. Louis, on the 8th of April, after a few days' illness, Dr. THOMAS REYBURN, in the 38th year of his age. Dr. Reyburn formerly filled with distinction the chair of Materia Medica in the St. Louis Medical College.

FOREIGN INTELLIGENCE.

Death from Inhaling Chloroform. — An accident of this kind occurred on the 5th of April last, at the Royal Infirmary, Liverpool. The subject of it was a man 35 years of age, to whom a drachm and a half or two drachms had been administered preparatory to the application of a ligature to the femoral artery for popliteal aneurism. Every effort at resuscitation proved fruitless.

Death from Amylene.—Last week, a patient, aged 33, was operated upon for fistula in ano, by Mr. Fergusson. Previous to the operation, amylene was administered by Dr. Snow. Unconsciousness was produced in two minutes, and the operation quickly performed, the anæsthetic being inhaled altogether three minutes. The pulse ceased during the operation, but respiration continued for at least ten minutes afterwards. The patient moved after the pulse ceased, and gave signs of rallying. These symptoms proved, however, fallacious, and he died in a few minutes. On examination, there was found slight dilatation of the right ventricle of the heart; the lungs were emphysematous. Dr. Snow concludes that death resulted from the amylene, the condition of the lungs probably tending to the fatal result. This case was the 144th in which Dr. Snow had administered amylene, and on no other occasion was its employment attended by the slightest ill consequence.—*Lancet*, April 18, 1857.

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Anæsthetics.—Mr. W. M. Clarke, Lecturer on Forensic Medicine at the Bristol Medical School, read an interesting paper on this subject before the Bath and Bristol Branch of the British Association. He inquires, first, "why it was that chloroform so soon took the place of ether, notwithstanding that the latter agent was so lauded and held up to be so faultless, when it first came up?" and he comes to the conclusion that it was owing to the greater power of chloroform. "Ether," he remarks, "was somewhat uncertain in its effects, and it was often difficult to produce anæsthesia with it; whilst chloroform was easy to administer, and very effectual to the end proposed No great importance seems to have been attached to the question of comparative danger; neither does it seem that any one, after chloroform had ended fatally in many instances, troubled much to compare the two. It is generally admitted that ether was in no case the cause of death, notwithstanding that it was so indiscriminately, and, in many cases, so carelessly administered. On the other hand, it is certain that chloroform has been in fifty cases the cause of death; and that in some of these the result has happened in spite of every precaution, in defiance of every care. Hence it is that we are still seeking a new anæsthetic, and that at the present time we are watching the trial of amylene with so great an anxiety.

"The great disadvantage of chloroform is, no doubt, its danger, and the anxiety that must always attend its administration. I must, however, after a long and full experience of it, express my confidence in it, and say that it is a means to which we are fully justified in having recourse. But other disadvantages attending its employment have been alleged against it; and it appears to me that they are being made too much of at the present time. These are principally excitement during the operation, and sickness and exhaustion after it." * * * *

"In a certain number of cases, when chloroform is being inhaled, there is excitement, chiefly showing itself by struggling. Out of sixty-eight cases, in which I have taken notes with regard to this point, it occurred twelve times, from which it may be seen, that it is by no means an ordinary effect of chloroform. Moreover, in most of the cases in which there is struggling at first, the patient may be pushed on to a state of quietude. There are, however, a few in which the struggling, being attended with other symptoms similar to those of epilepsy, it would be unsafe to quiet the patient by giving more chloroform, and in which the surgeon must be prepared to operate whilst the patient is held still by assistants. This production of struggling certainly lessens the value of chloroform in a few cases; but they are not very common.

"Sickness, violent, obstinate, and prolonged, even over several days, is undoubtedly one of the most troublesome after-consequences of chloroform. This disadvantage is, I believe, admitted on all hands. All-important, however, as is this consequence, it is certainly not so frequent as is commonly supposed. With reference to this point, I have examined carefully the notes of thirty-four cases, of which I have recorded the details at considerable length. In twenty-nine of these there was no sickness after the inhalation: and they were cases well calculated to test this matter. They included various kinds of operations; and the time during which the patients were kept under the influence of chloroform varied from a few minutes to upwards of an hour." * * *

"In examining whether chloroform be liable to induce great exhaustion or not, we are at once met by a difficulty which it is not very easy to get over. We cannot well tell how much is to be attributed to the inhalation, how much to the operation itself. It will be remembered that many operarations which were scarcely ever performed before the introduction of chloroform—operations involving considerable time and great shock to the system—are now performed frequently. It would be the tendency of such operations to cause great and protracted exhaustion; and I question much whether the exhaustion, which has been attributed to chloroform, would not often have been greater if the patient had been obliged to be conscious during all the time of a long and tedious operation. I have not seen any evil result from this cause, which could fairly be said to be the effect of chloroform." * *

"Amylene, both in its general properties and also in its physiological effects, appears to be more like ether than chloroform. It differs, however, from both. Than ether it appears to be more effectual, much less liable to produce excitement before begetting insensibility, less disposed to cause subsequent unpleasant effects. On the other hand, it is like ether, in having a very disagreeable odour, in being of low specific gravity and very volatile, in being difficult to administer to a full effect, and in having to be used in very large quantity.

"From chloroform, it differs more. But principally in the same respects that ether differs from chloroform. In short, in its effects, it appears to occupy a middle position between the two. To be more effectual than ether. To be less dangerous than chloroform. It is said not to be attended with struggling; not to be followed by sickness; and in the larger number of cases in which it has been given, this has been proved. Dr. Snow has used it in sixty-two cases, and in only two was there any subsequent sickness."

In conclusion, he states: "I think it very probable that we shall be placed in the same position with regard to anæsthetics as to many other medicines. We shall have, most probably, hereafter, to select the most appropriate in each particular case. Thus, as in prescribing mercury, we select the form best adapted to the case before us, so in the production of anæsthesia, it will be our wisdom to select the anæsthetic which will best suit the requirements of the case before us. Where the operation only involves the skin, we shall do well to employ Dr. Arnott's method, which is most assuredly deserving of more consideration, and of more extended use, than it has hitherto met with. When, on the other hand, the operation is more severe, and likely to be longer continued, we may choose amylene; and we shall be the more led to do this, if from any reason we suppose that our patient will not bear well the use of chloroform. But when we want to produce the most thorough unconsciousness, when we require to keep up the condition for a long time, and especially when, from any circumstance of the operation, we cannot apply the inhaler with sufficient assiduity for maintaining the effect of amylene, then we shall, I believe, still have recourse to chloroform, which, although it appears to be the most dangerous of the anæsthetics at present in use, yet has the great advantage of being by far the most effective.—*British Medical Journal*, March 28, 1857.

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Accouchement of the Queen of England; Chloroform administered to her.—The birth of a princess, on Tuesday, took place while the Queen was under the influence of chloroform administered by Dr. Snow. Symptoms of approaching labour manifested themselves on Monday evening; but Dr. Locock and Dr. Snow were not sent for until 2 o'clock on Tuesday morning. The labour was more lingering than in any of her majesty's previous confinements, and it was not until 11 o'clock that Dr. Snow was requested to administer the chloroform. After some time, it appeared that the anæsthetic seemed not only to relieve pain, but to retard the labour, and it was discontinued for a time. It was repeated, however, at intervals, and the princess was born at 45 minutes past 1, her majesty not being in a state of total insensibility, although unconscious of pain. —*Med. Times and Gaz.*, April 18, 1857.

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Perchloride of Iron in Hemorrhoids.—M. Thierry states that he treats hemorrhoids, even when large, by first blistering them, and then applying the perchloride of iron to the denuded surface, under the influence of which they sink and disappear. The cure may not be radical, and they may reappear under the influence of the causes that originally produced them; but this is only the case after a considerable period, and in the mean time health is restored and occupation resumed. M. Thierry employs the same treatment with success in varix. *Union Méd.*, 1856, No. 101.

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Case of Late Dentition.—Dr. Deutsch was called in consultation to a man, 34 years of age, who for some weeks past had been the prey of intense pains in the head and face, the origin of which he had at first attributed to several decayed molars, the crowns of which were destroyed. There was very great swelling of the neck and face, abundant discharge of saliva, and difficulty of deglutition. But the most remarkable thing was the appearance of several new teeth. Thus, somewhat in front of the incisors of the upper jaw, four new incisors were found irregularly disposed, two in like manner presenting themselves in front of the two middle incisors of the lower jaw. New canine teeth also appeared in the upper jaw, between the incisors and the canines. In the lower jaw the new canines sprung up from below and in front of the old ones. The two bicuspids in each jaw and on both sides were pressed backwards by new bicuspids. With respect to the second molars of the upper and under jaw of the right side, and of the upper jaw of the left side, the new teeth appeared in the midst of the decayed molars without displacing these, and in such a manner that the remains of the old tooth-walls formed partial envelops for the new. No new teeth were found corresponding to the first molars, although the old ones were carious, or to the second molar of the lower jaw of the left side. All the third molars were broken away. All the old teeth were so firmly placed as to be removable only by force. The new teeth were very fine ones. From the time of their appearance the patient's suffering ceased, although the effects of this continued some time to be apparent. A skilful dentist gradually removed all the old teeth, and those of the new which had grown out amidst the old were removed with these latter. Some months afterwards, the new teeth had assumed a very orderly position, the separations between them being very slight. The patient does not remember losing teeth at the usual period of the second dentition. The author adds, that in his own case two molars of the lower jaw, which were extracted in his twenty-fifth year, were in the course of a year replaced by two new, good, and durable teeth, —*Med. Times and Gaz.*, March 28, 1857, from *Berlin Med. Zeitung.* 1856. No. 43.

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Electro Puncture in a Case of supposed Extra-Uterine Fœtation.—L'Union Médicale gives an account of a case of this abnormal course of conception, treated by Dr. Bachetti, of Pisa. The patient was twenty-nine years of age, had had several children before, and presented, in the third month of pregnancy, a tumour in the left iliac fossa, which was looked upon by Dr. Bachetti and Drs. Burci, Torri, and Bartolini, who were called in consultation, as the result of a tubal extra-uterine fœtation. It was first attempted to arrest the development of the fœtus, and prevent the fatal hemorrhage which generally takes place after the third mouth, by frictions of mercury and hemlock; but recourse was finally had to electro-puncture, with the view of destroying the fœtus, and this was accomplished by the implantation of two needles into the tumour, and directing into the latter an electro-magnetic current. Some pain was experienced by the patient, and it was surmised that the development of the fœtus was arrested. Nor were the physicians disappointed in this respect, as the tumour rapidly diminished, and was reduced to the size of a pigeon's egg, after having been as large as a man's fist. The catamenia, which had not appeared for three months, returned, and the patient is doing well. It may of course be asked whether the diagnosis was quite correct, and whether the tumour might not have been simply an ovarian one. The operation itself, and the results, are nevertheless facts of great value, and may open a new field of inquiry to those who have to cope with abdominal tumours in female.—*Lancet*, May 2, 1857.

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Microscopical Soirée.—On Tuesday evening a microscopical *soirée* was held at Apothecaries' Hall. A great number of microscopes was exhibited, the walls of the rooms were covered with coloured diagrams (illustrative of microscopic structures and of various objects of natural history), and the tables were decorated with exotic plants, including palms, ferns, the pitcher plant, and many others. Among the microscopic objects exhibited were, the circulation in the foot of the frog, and in the branchiæ of the tadpole; the partial circulation, or cylosis, in certain vegetables, the *Chara*, the *Nitella*, the *Valisneria spiralis*, and the plant lately discovered, the *Anacharis alsinastrum;* infusorial and rotiferous animalcules, and various forms of polypifera in a living condition; specimens of micrographic writing and photography, and minute shells and crystals, exhibited both by common and polarized light. In fact, it may be stated that every form of miscroscope, and every kind of illustration, were, to be seen, the whole of the Microscopic Society having been invited, together with all the London manufacturers of that instrument, including Mr. Ross, Messrs. Smith and Beck, Mr. Pillischer, etc. Among the coloured illustrations hanging on the walls, considerable interest was excited by the original sketches, made by the late Sir Charles Bell, on the field of Waterloo, exhibiting various forms of gunshot and sabre wounds. Mr. Queketi's diagrams, illustrative of vegetable structures, and those of Dr. Lionel Beale, showing the minute structure of the liver, and his representations of urinary crystals and calculi, were also much admired. A specimen of bronzed skin attracted much attention. It showed very beautifully the deposit of pigment over the ridges of the papillæ. Among the philosophical apparatus displayed was a beautiful instrument, constructed by Mr. George Knight, in which the continuous current of electricity produced by the galvanic battery is converted, by passing through three miles of copper wire coiled round a bundle of iron wires, into a spark of such intensity as to give a vivid aurora light through a vacuum forty inches in length. The rooms were crowded during the evening, aud among the visitors we noticed many gentlemen distinguished in the medical profession or in the pursuit of natural science. The arrangements reflected great credit on the stewards.—*Med. Times and Gaz.*, May 2, 1857.

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Modern Treatment of Cancer.—A very interesting discussion took place at the Medical Society of London on Saturday last, on the subject of the modern treatment of cancer by caustic applications. The paper of the evening was written by Mr. MOULLIN, who described the mode of treatment adopted by himself with success in some recent cases. His method, which is already known to the profession, consists in first applying nitric acid, so as to cauterize the skin over the carcinomatous breast, then applying a paste of chloride of zinc, making incisions into the slough thus produced, and reapplying the paste. After some days the cancer is enucleated, and in all the cases recorded by Mr. Moullin, except one, the patients have recovered; but as only a short time has yet elapsed since the cicatrization of the wounds, no opinion can be formed as to the return of the disease. In the course of the discussion which followed the reading of the paper, an unfavourable opinion was generally expressed of the treatment of cancer by enucleation, by means of caustics, and it was argued by some that Mr. Moullin had not proved his cases to be really cancerous, as no microscopic examination of the tumours had been instituted; while others, admitting the existence of cancerous disease, considered that extirpation by the knife offered at least quite as great a chance of cure as the treatment by caustics. In comparing amputation with enucleation, it was urged by most of the speakers, that without entering upon the question whether any surgical means were advisable or otherwise, the removal by the knife was, by the aid of chloroform, far more expeditious and less painful than the plan adopted by Mr. Moullin; and Dr. Rogers adverted to a fatal case which had fallen under his notice, in which Dr. Fell's treatment had been adopted at the Middlesex Hospital. In this instance, the patient was said to have suffered great agony during the application of caustics, and her death occurred without any assignable cause, while she was under Dr. Fell's hands. It should be observed, that her death was not in any way attributed to the treatment, but occurred somewhat suddenly and unexpectedly. Mr. Birkett, of Guy's Hospital, declared the result of his observation to have been that, without reference to Dr. Fell's or Mr. Moullin's cases, all the supposed instances of cancer cure were fallacies, for either the tumours removed were not really cancerous, or the disease had returned after the enucleation. In justice to Mr. Moullin it must be stated that the general impression entertained by the meeting was, that his cases were really instances of cancer, although microscopical evidence was wanting to prove their nature with absolute certainty; but that, as a very short period had passed since his operations, he would confer an obligation upon the Society and upon the profession, if he would watch the future progress of the patients, and report the results. Under present circumstances, such cases, honestly recorded, and traced to their termination, must possess a very high degree of interest. —*Ibid.*

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Jacksonian Prize.—The council of the College of Physicians have awarded this prize to Victor de Mérie, Esq., for his Essay on the Pathology and Treatment of Syphilis.

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Edible Seaweeds.—Some very interesting experiments were published in the July number of the *Edinburgh New Philosophical Journal*, by Dr. John Davy, on the constitution of certain edible seaweeds—the Chondrus crispus, the Rhodomenia palmata, Porphyra lacunata, Laminaria digitata, and Fucus vesiculosus. The main result was the determination of the presence of a larger quantity of nitrogen than is contained in the best flour. We merely allude to Dr. Davy's observations, that we may draw attention to the fact that two prizes of £50 and £20 respectively, have been offered by Sir C. Trevelyan, Bart., for the best essays on the application of the marine algæ and their products as food or medicine for man and domestic animals. We regret that we have not space to do more than advert thus briefly to the matter.—*Ibid.*

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Liberty of the Medical Press in France.—After the celebrated *coup d'état*, which established the position of the present ruler of France, not a word was allowed to transpire in the French medical journals respecting the fate or treatment of the wounded. Not a case was related, not a clinical observation made; and as far as could be learned from these journals, such an event, even as regarded its scientific teachings were concerned, had never occurred; although respecting former outbreaks no such silence had ever been observed. Matters do not seem to be much better now, the medical journals being subjected to the same interdict as the political ones, for instance, of not discussing the mental state of Verger the assassin of the archbishop. The editor of the *Moniteur des Hôpitaux*, after having in a previous number stated his intention of discussing at full the reasons which, in his mind, proved Verger to be insane, has been obliged in a subsequent one to announce that he is under the necessity of abandoning this project.—*Ibid.*

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Quackology.—" One of the most impudent of the class I ever read of was Dr. Graham, the inventor of the 'Electrical Ether,' the 'Nervous Ethereal Balsams,' the 'Imperial Pills,' the 'Liquidambar, or Preventive Lotion,' the 'British Pills,' and the 'Bracing or Restorative Balsam.' Dr. Graham assumed to be a graduate of the University of Edinburgh, and made the 'Electrical Cure' his point. He opened in Pall-mall the 'Temple of Health and of Hymen,' in 1781–82, whither people resorted to be healed, and where, 'at the electrical altar, or on the medico-electrical throne, without shock or any kind of uneasiness, into the general system, to the seat of the disease, or only to parts particularly affected, were conveyed the pure, active, balmy, bracing, and restorative effluvia of medicines, simply, or combined with full, genial tides of the celestial electric fire or vital light, magnetic effluvium, vivifying and ethereal nitrous air, or any other of those great primary elementary principles, which are the universal pabulum or vital food of animal life, and, indeed, of universal nature!'

" This was pretty extensive in its way, but was nothing to the doctor's private medical advice to married ladies and gentlemen who are not blessed with children. Here he out-Herod's Herod! He can fan and blow up the smallest spark of our virility, or even the expiring embers of affection, and the vital generative powers in either sex, into a genial and prolific flame . . . . so as to make man and wife sweeter, lovelier, and more desirable in the eyes of each other, the lady (age no matter) speedily becoming a healthy and happy mother!

"In the 'Temple of Health and Hymen,' Dr. Graham gave great allegorical morning concerts; to his name, odes, sonnets, and acrostics, were written; some absurd, and others infamously wicked.

" The reader interested in Quackology will find, in the library of the Medical Society of London, the transactions of this great quack, who, if the story there given be no exaggeration or satire, was, assuredly, the King of Quackdom in the eighteenth century. I am, &c., B. Cos."
—*Med. Times and Gaz.*, Nov. 29, 1856.

Notice to Subscribers.—In consequence of the press of Domestic Intelligence, and the Reports of the meetings of the American Medical Association, and the Quarantine Convention, the Library Department has necessarily been omitted in this number. West on Diseases of Females will be resumed in July.

THE MEDICAL NEWS AND LIBRARY.

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WEST'S LECTURES ON DISEASES OF WOMEN, SIXTEEN PAGES.

CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Three Cases of Rare Injuries.—It was an old surgical maxim, which has passed into a literary commonplace, that a bone never breaks again at the seat of fracture. Among numerous exceptions to this rule which are continually occurring, we may mention the case of a patient, at present in the accident ward at St. Bartholomew's, who has fractured each thigh no fewer than three times; and always, as well as can be ascertained, at the same spot. He has been a patient at St. George's Hospital three times, and has recovered each time with a useful limb and apparently sound union. The fracture was originally the result of accident on each side, and there seems no reason to suspect disease of the bones.

A very unusual accident is at present in the same Hospital, under Mr. Stanley's care, viz., a comminuted fracture of the patella, the result of muscular action only. The patient's account of the accident is clear enough, and there seems no reason to doubt its correctness. The bone is found to be splintered into four pieces. Union appears to be progressing naturally.

Another singular injury to be seen in the same Hospital is the case of a man who was examining a Russian blunderbuss which had been sent over as a curiosity; while he was holding the muzzle near his eye, he happened to press a spring which projected a bayonet point out of the barrel. This struck him on the right cornea, without touching the lids or wounding any other part of the eye, causing a clean incised wound of this structure, and evacuating the lens almost as neatly as by a surgical operation. When seen, the wound in the cornea was granulating healthily, the inflammation was not excessive, and there seemed every reason to hope that he would preserve a good amount of sight. Unfortunately the wound is across

Published monthly by BLANCHARD & LEA, Philadelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage.*
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the horizon of the eye, and the scar will of course interfere with clear vision.—*British Med. Journ.*, May 16, 1857.

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Nitro-Muriatic Acid in the Gastric Fever of Children.—A remedy, which is a favourite one with Dr. ARTHUR FARRE, in his out-patients' room at King's College Hospital, in the treatment of gastric fever in young children, is the nitro-muriatic acid. To a child of a year and a half to four years old, a mixture containing a drachm each of the diluted nitric and hydrochloric acids, to six ounces of water, is ordered, in doses of half an ounce, three times daily. At the same time a dose of gray powder (four grains) is given every night at bedtime. If the disease be passing off, and tonics needed, the gray powder may be omitted, and the acids given in infusion of quassia, or with bark. The peculiar tongue of infantile gastric fever is well known, resembling closely that of scarlet fever in the prominence of its papillæ, but differing from it in having a white, instead of a red ground. Thus the papillæ present in the midst of a whitish fur; but in some cases the centre of the tongue is red and beef-like, the sides only being furred. —*Med. Times and Gaz.*, May 16, 1857.

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Inoculation from Cancer?—The following is the record of a case in which suppuration and glandular enlargement occurred during attendance upon a patient suffering from cancer of the breast, which had been removed by operation. The subject of this cancerous inoculation is at this moment a patient under Mr. Thomas Wakley's care in the Royal Free Hospital, and the particulars about her were kindly furnished by Mr. W. Curran, the house-surgeon:—

Mary J. Frazer, aged forty-eight, a nurse, healthy looking, florid ruddy aspect, regular habits, and stout muscular build, was in attendance upon a lady from whose breast Mr. Wakley had removed a large malignant tumour, which proved to be cancerous. She found herself suffering from symptoms of inflammation of the hand, resulting, as she thought, from contact with the cancerous breast the same day on which it had been operated upon. She had assisted at the operation and afterwards in dressing the wound, and whilst so engaged she felt a stinging sensation or tingling in the tips of all the fingers, especially of the middle finger, which had been previously punctured, and subsequently suppurated slightly. This was followed by shooting and pricking under the nails, numbness in the palm, and inability to close or grasp anything therewith. She also suffered from uneasiness and tingling about the elbow, shooting stiffness along the course of the absorbents, darting in various parts of the limbs, and rather troublesome enlargement of the axillary glands. To these were added some vascular throbbing and neuralgic pain of the larger nerves. There was some slight temporary constitutional sympathy, but no serious implication of the general system. She is now (May 11) almost well, and has been progressively improving since an abscess was formed in the hand and free discharge encouraged.

There can be no doubt whatever that the poisonous matter produced inflammation of the lymphatics, but we can hardly take upon ourselves to declare that actual inoculation of cancer had taken place. We have not as yet sufficient data placed upon record to warrant an opinion as to this latter fact.—*Lancet*, May 16, 1857.

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Fibrous Tumours of the Uterus.—An example of this rare form of growth was lately to be seen in the corner bed of Harley ward of St. Bartholomew's Hospital, under Mr. COOTE's care. The patient, a female aged twenty-nine years, has been married about eighteen months, and supposed herself to be pregnant from this enlargement; but as time passed off, and the expectant child was not forthcoming, it led to an examination, when a distinct and deeply-seated tumour was found in the right side of the pelvis, quite immovable, extremely hard, and extending upwards towards the liver. Menstruation has been perfect almost to the present time, but latterly has been irregular. On examining per vaginam, the os uteri is seen quite natural, but the uterus is apparently pushed towards the left side, and at the base of the pelvic tumour pulsation can be felt as if from a lot of enlarged bloodvessels. There is no history of any female branch of the family being affected with similar growths; but the patient tells us that a brother of hers had an internal tumour in some part of his body. She left the hospital on the 12th of April for the country, and since her departure we learn that the tumour is increasing in size.

The diagnosis of some of these tumours

is sometimes very difficult and obscure, as the records of medical science fully show, where errors have been made, and the true nature of the growth determined when the abdomen has been opened for ovariotomy. It is especially for ovarian disease that most tumours in the vicinity of the uterus are mistaken. But in a solid firm tumour of the uterus itself, that organ should first be carefully examined, and then the tumour; if there is an absence of fluctuation and elasticity, associated with immobility, then it is not ovarian. We had an opportunity of carefully examining Mr. Coote's patient, and came to the conclusion, from all the symptoms and physical phenomena, that it was a solid tumour of the uterus, most probably fibrous.—*Lancet*, May 16, 1857.

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Clinical Lecture on the Fetid Bronchitis, with discovery of Butyric Acid in Sputa. By Prof. Laycock (Reported by Mr. Low, Clinical Clerk).

A case of fetid bronchitis, under the care of Dr. Laycock, in the clinical ward of the Royal Infirmary, has attracted some attention from the discovery of the cause of the odour in this disease, and the rapidity with which, apparently, it yielded to strychnine

Oliver Scott, aged 37, single, by trade a tailor, residing in the Canongate, admitted February 17, 1857.

Patient is 5 ft. 6 in. in height, well formed and tolerably robust. Has the appearance of having been very stout, but the muscular system is now flabby. Diathesis, lymphatic; hair dark; features broad and massive; forehead prominent; conjunctivæ anæmic; eyes gray; nose short and thick, alæ nasi expanded; malar bones not prominent; upper lip tumid; mucous membrane of lips and gums pale; teeth small and regular, enamel good. Voice hoarse and whispering; breath gives off a peculiarly fetid odour. Sternal end of left clavicle is higher than the right; manubrium sterni depressed. On left side there is a prominence of the third and fourth ribs at their junction with the cartilages. Abdomen rather large and flabby.

History.—Is one of a large family, seven of whom, viz., four brothers and three sisters, are dead. Does not know of what diseases they died. Patient states that in his youth he was very healthy and temperate. Until the age of twenty-five years he followed the occupations of a tailor and a hawker, which he relinquished at this time for that of a beershop-keeper. For five years subsequently he continued well, and though indulging occasionally in liquor, was not, he considers, on the whole, intemperate. Being unfortunate in this line of business, he was compelled to sell his house and resume his prior occupation of hawking. Owing to the depression resulting from his misfortunes, he became very intemperate, and five years ago had a severe attack of delirium tremens, for the treatment of which he became an inmate of the Infirmary. After remaining there a month, he was discharged, and he returned at once to his habits of dissipation. Twice subsequently, while in a state of intoxication, he received injuries on the chest, which caused the alterations in its form above noticed. In other respects he continued well until a year ago, when he had a second attack of delirium tremens, and was again an inmate of the Infirmary for eight days.

The present illness commenced three months ago, after exposure to severe cold and wet. The first symptom noticed was a troublesome cough, which, however, was unattended by pain or expectoration. This continued until two months ago, when, after repeated exposures to cold and wet, it became more urgent, though still without pain, and with only slight expectoration. Between three weeks and a month ago, the cough increased in violence; there was severe pain in the left side, and the sputa was streaked with blood. He noticed now, for the first time, that his breath was very offensive. Since that time the cough has continued unabated; the pain in his side is much increased, and the sputa have been occasionally tinged with blood.

He has not been under medical treatment. Has had no feverishness or thirst from the commencement of the present attack, until four days ago. States that he has lived well during the past seven years. Feels tolerably well, except as to the cough.

Examination on admission.

Respiratory System.—Thoracic expansion is somewhat restricted. The sternal end of the left clavicle is dislocated; manubrium sterni depressed, and the prominence of third and fourth ribs appears to have resulted from an old fracture.

On percussion, anteriorly, the right side of the chest is resonant, as also the upper two-thirds of the left side; the lower third is dull both anteriorly and laterally. On auscultation over right side, inspiration is found to be harsh, expiration prolonged. On the left side, inspiration is sibilant, expiration prolonged and attended by fine moist crepitation superiorly, but over lower third, by loud snoring. Posteriorly, percussion is normal. The respiratory sounds are slightly exaggerated on both sides, and at the base of left lung there is fine crepitus with expiration. The cough is very troublesome; sputa copious (about a pint in twenty-four hours), muco purulent, viscid and fetid, but much less so than the breath; some of the masses are tinged with blood. No lung substance is observable under the microscope; but there are abundant pus-globules.

Digestive System.—Tongue furred and moist. Patient complains of great thirst. There is no hepatic or splenic enlargement discoverable on percussion. Bowels open.

Genito-Urinary System.—Urine, sp. gr. 1.032; deposits a copious sediment of urate of ammonia and purpurates. Chlorides abundant.

Circulatory System.—Cardiac dulness two and a half inches transversely at nipple; impulse felt between fifth and sixth ribs. There is a slight blowing murmur at the close of systolic, heard at the apex. Pulse 68, full and firm.

All the other systems normal.

Feb. 17. Pulse 80, full; skin hot and dry. On right side of the chest the respiratory murmurs are harsh, and with forced expiration, snoring. On the left side the respiratory sounds have the same character, but to a greater degree. Posteriorly, forced respiration is harsh on right side; and on left there is snoring with both respiratory acts.

Tongue furred; thirst excessive.

18*th.* To take the following mixture: ℞.—Naphthæ medicinalis, ʒij; Liquoris morphiæ muriatis, ʒiij; Aquæ destillatæ ad ℥vi.—M. Ft. mistura cujus sumat ℥ss, ter quotidie.

Vespere.—On the right side the sounds are unchanged; but on the left there is sibilus anteriorly, with inspiration and expiration, and fine crepitus at the close of the latter. Patient continues very thirsty. Pulse 80, full. Patient expectorates about a pint in twenty-four hours. Makes no complaint.

19*th.* No sibilus on left side.

20*th.* Considerable pain over lower third of left side. To have a blister applied to the seat of pain.

21*st.* Pain much diminished. Patient is still very thirsty. Sputa increased in quantity.

22*d.* The pain has quite gone. On percussion the dull sound is more marked over lower third of left side. Over the same region, posteriorly, the crepitant rale is still heard.

23*d.* The crepitus previously heard over left side anteriorly, is no longer present. There is no sibilus on either side, and over the whole front the respiration is not snoring, although it is harsh. Pulse 60, soft and rather feeble. Sputa much increased (two pints in twenty-four hours). Exhales an odour resembling that of May flowers. Breath still very fetid; the odour is rather feculent than gangrenous.

25*th.* Had a return of hæmoptysis to-day at 2 P. M. The sputa were deeply covered with blood. Patient had no pain, and at 7 P. M. the hemorrhage ceased. Expresses himself as feeling well in other respects. The snoring and crepitus have returned on the left side. Posteriorly, over lower half of left side, there is coarse crepitus with both respiratory acts. Pulse 60, very feeble. Appetite good; thirst diminished. Add five minims of tinct. ferri sesquichlor. to each dose of the mixture.

March 2. On auscultation a fine moist crepitation is heard, with inspiration over the whole back. There is no dulness on percussion, although the tone is rather flatter than natural. Vocal resonance everywhere increased.

5*th.* For the last three days patient has been sitting up for about three hours daily. Sputa as copious as before. Still no complaints. Ordered to omit the other remedies and take one-thirtieth of a grain of strychnia every eight hours.

9*th.* No crepitus on right side. The breath is not nearly so offensive. Patient feels considerably stronger, and sits up for five or six hours daily. Increase dose of strychnia to one-twentieth of a grain.

10*th.* The sputa this morning was slightly tinged with blood. The cough was very urgent, but patient had no pain. Continued same treatment.

19*th.* Strength increasing. Sputa diminished in quantity, and since last report have been occasionally tinged with blood. The fragrant odour has entirely disappeared, and the breath has almost lost its fetor.

24*th.* The dulness over the lower third of left chest is still present; there are yet crepitations remaining over the corresponding region posteriorly. The expectoration has very much decreased; the sputa amounting to only half a pint in the day, contain but very few traces of blood.

27th. The cough is now very slight; sputa measure only 2 oz. per diem. Patient is gaining flesh rapidly.

April 2. The improvement continues; sputa only 1 oz. in last twenty-four hours, viscid and free from blood.

Dismissed. The expectoration had wholly ceased.

The fetid sputa were examined in the chemical laboratory of the University by the kindness and under the superintendence of Professor Gregory, and the odour was found to be due to the presence of methylamine with butyric and acetic acids.

Comment.—Dr. Laycock remarked that the case would formerly have been regarded as an example of pulmonary gangrene, but it resembled in the leading symptoms the class of cases known as fetid bronchitis. In one point, however, only, is there a resemblance to pulmonary gangrene, namely, in the stench of the breath and of the sputa. In the fetid bronchitis the odour is not that of putrid flesh, but very characteristic of butyric acid and the new odorous compounds, the butyrates of ethyl, now used to flavour confectionery. In the case of Scott the odour was that of the May flower, or of apple blossom, with a conjoint odour—a sort of *arrière goût* of feces.

Scott's case showed other interesting characteristics. First, there was the excessive thirst, out of all relation to the febrile or general disturbance, and referrible probably to lesion of the nervous system—a polydipsia to be attributed to functional disturbance of the pneumogastric centre. Secondly, there was the sensorial hebetude, as indicated by the feeling of well-being and content which the patient always manifested. No feeling of illness, and especially nothing referrible to the lungs was complained of. This is a condition analogous to that observed in certain cases of phthisis. Thirdly, in the history there was the repeated occurrence of delirium tremens, and the morbid state of the encephalon to be estimated consequent upon it, and upon the continued drunkenness. Dr. Laycock, therefore, concluded that the production in the lungs of the peculiar compound to which the odour of the sputa was due, might be referred to some change in the ganglia of the pneumogastric and of the sympathetic in connection with the pulmonary mucous surface, of an asthenic character. He said he was led to this view by the result of the experiments of Claude Bernard, who had discovered that the irritation of the floor of the fourth ventricle, or, in other words, of the origin of the pneumogastric, was followed by the appearance of sugar in the urine. However the production of sugar in the organism may be explained theoretically, the facts indicated that the pneumogastric ganglion or the nerve tissues near it and in anatomical relation with the pneumogastric nerves, exercised an action on the blood as it passed through the lungs, so that the organic compounds contained in it would be abnormally altered when abnormal action was set up in them. Hence Dr. Laycock prescribed strychnia in the case of Scott, hoping thereby to modify the state of the nerve-centres, upon which probably the production of butyric acid and the butyrates depended.

As a further illustration of the pathology of fetid bronchitis, and the probable connection of the special symptom with a morbid condition of the cerebellum, Dr. Laycock called the attention of the class to the following case:—

Case of fetid bronchitis, with aortic insufficiency and dilatation, pulmonary condensation and softening; and atrophy and softening of the left lobe of cerebellum.

John Edgar, 66, single, following the occupation of a carter, admitted into the Royal Infirmary, May 28, 1856. The most salient and interesting points in this case are as follows: The patient enjoyed good health up to the time of present attack, which commenced six weeks ago, with rigors and slight dyspnœa, followed by thirst, feverishness, and cough. Subsequently he lost flesh; the cough became more violent, and was attended by copious expectoration of fetid matter.

On admission, a bulging was found over the cardiac region. Percussion sounds rather flatter over left apex than right, anteriorly; otherwise normal; at the same point respiration is exaggerated; expiration prolonged. Posteriorly mucous râles are heard at left base and over middle third, on forced inspiration. Expectoration abundant, partly purulent, with very offensive odour. Over the base of the cardiac organ a murmur is audible with the diastole; it is heard also at the xyphoid cartilage and second right costal cartilage, but faintly at the apex. The arteries at the wrist are very tortuous; the pulsation of the arteries in both arms and forearms, as well as of both carotids, can be distinctly perceived. Pulse 88.

June 4. Patient has not improved much. Complains of thirst, and a little pain in left infra-mammary region. Expectoration more abundant and purulent. Skin hot and dry. 11*th*. "A little improvement;" appetite good; skin cool; that covering the face of a yellow tint; abundant moist râles over whole of left side, posteriorly; vocal resonance increased; percussion equal on both sides. 24*th*. The odour of breath and sputa less offensive; the sputa less abundant; still muco-purulent; appetite much improved. 29*th*. Coughed up a teaspoonful of florid blood; small quantities continued to be expectorated during the day; sputa frothy. 30*th*. The fetor of sputa is gone to-day, and no odour is perceptible in the breath. Dulness on percussion over left apex, anteriorly, extends down to second rib; cardiac dulness cannot be ascertained, that portion of the chest being as resonant as elsewhere; a murmur with the first sound is audible at the apex, also at base over sternum and under both clavicles. On percussion over left lung, posteriorly, the upper two-thirds are found to be duller than on the right side; lower third is resonant; the colour of the face is less sallow, and patient expresses himself as somewhat stronger.

15*th*. The dulness on the left side extends below the nipple, anteriorly and laterally. Respiration over the dull region is tubular; towards the lower part it is faint, and inspiration is attended by a subcrepitant râle. At the base friction-sounds are audible. Vocal resonance muffled. The sputa pretty abundant; the upper part is frothy and white; in one or two places fawn-coloured; somewhat fetid; the lower part is muco-purulent and tenacious. Second cardiac sound is rough and prolonged; over the sternum both sounds have a metallic character. Pulse 92, full and regular. Patient does not think himself in any way worse, except as regards the cough; skin has a more decidedly icteric tint since last report; conjunctivæ slightly yellow.

21*st*. No change in physical signs, except that a cracked-pot sound is elicited, on percussion, over second and third ribs on the left side. Sputa retain their fetor, which is of a feculent character. Patient is gradually getting weaker, though he says there is no change. The yellow tinge of the skin has been diminishing for a few days past, and the lips have acquired an anæmic paleness. *Vespere.*—Complains to-night of pain in the left chest. Empl. cantharid. to be applied to the seat of pain.

23*d*. The pain is gone. Patient has had one or two severe headaches, with sickness, which lasted for a day, and disappeared before night without interference.

27*th*. Sputa contained a good deal of blood yesterday. To-day the fetor is considerably diminished.

August 1. The blood has been gradually disappearing from the sputa. There is now a mere streak in one or two places. The fetor is much less.

7*th*. Much more blood has appeared in the sputa for the last two days, and this morning it is much increased. It is bright red, and comes up in mouthfuls. Heart's action rather stronger than usual; there also appears to be a slight murmur, with the second sound, at the base.

8*th*. Got up to stool this morning about seven o'clock, and was found unable to get back again; was lifted into bed; pulse by no means very weak, 84 per minute. He said he had no pain, and could not tell what was wrong. Had some ammonia and brandy administered to him, but did not improve. Continued much the same throughout the day. In the evening seemed to be quite sensible, but could not speak distinctly. Pulse full, 96 per minute.

9*th*. The pulse somewhat weaker, 104 per minute. At 9 A. M. in the forenoon was apparently sensible, but could not articulate. His tongue lay to the right side in his mouth, but could be moved about easily when he tried. Pulse getting weaker and rather quicker. About 5 P. M. had a convulsive fit, in which his right side was alone affected, the arm and leg violently, and the mouth being drawn to the right side, without foaming. He had six similar ones before half-past eight P. M., in all of which the right side was most affected, but in the last the left was considerably affected also. About 9 P. M. he had one in which the left arm and leg were violently convulsed, and the right hand, but not above the elbow. The mouth was at first drawn to the left, but, during the fit, changed to the right, and continued so until the fit ended. The pulse was almost gone, and he seemed nearly asphyxiated, but whenever the convulsions ceased the pulse began to gain in power, and very soon was nearly at its former strength, and 104 per minute. He had four other fits before midnight, at which time (being unable to swallow) he had brandy and an enema of beef-tea administered. From that time till 9 A. M. next morning, August 10, he had sixteen other fits. This morning he lies on his back, breathing with some difficulty. Pulse 120, weaker. At 10 A. M. he had a final fit, a very violent one, in which the whole body was convulsed. After this he lay on his back, breathing with difficulty and stertorously, until about 5.30 P. M., when he died quite quietly.

Sectio Cadaveris on the 12th of August, forty-five hours after death.—The body was not emaciated to any great extent. The skin of the face of a dusky-yellowish colour, which did not, however, extend to the integument of any other part of the body. On removing the cranium the *brain* was seen to present a very uniform smooth appearance, owing to an effusion, partly serous, partly gelatinous, on the surface of the hemispheres. The brain itself was somewhat œdematous, and very soft; the lateral ventricles were rather enlarged, and contained about an ounce of fluid. The arteries at the base of the brain were very atheromatous, especially the right middle cerebral and the left inferior cerebellar, which last was completely occluded about an inch from its origin. The left lobe of the cerebellum was both softened and atrophied, and, under the microscope, was seen to be crowded with exudation-corpuscles. The *Pericardium* contained a good deal of serous fluid. The *Heart* itself was quite healthy, with the exception of a slight incompetency of the aortic valves, caused by a swelling, about the size of a pea, between two of them. The *aorta* was dilated and rough immediately above the valves, and was, to a slight degree, atheromatous. The *Left Lung* was adherent to the ribs, especially posteriorly, where the adhesions were quite cartilaginous, and nearly an inch thick. The upper lobe was completely consolidated, with an exudation of a simply fibrous character. No trace existed of either cancerous or tubercular deposit. In the centre of the lung there was a fetid, disintegrating cavity, about the size of a walnut. The *Right Lung* was very œdematous, especially in the upper lobe, with some pneumonic consolidation, and a few emphysematous patches along the anterior border. The *Liver* was normal. The *Gall-Bladder* elongated with an hour-glass contraction in the middle. *Kidneys* contained a few cysts. *Supra-Renal Capsules* rather larger than natural, but normal in structure. *Spleen* normal. *Testes* the same. All the arteries in the body, as far as they were examined, presented here and there patches of atheromatous deposits.

Dr. Laycock pointed out the points of similarity between this case and that of Scott. The leading symptoms were the same, but in Edgar they occurred in a man much more advanced in years, and with much more extensive structural disease. In Edgar there was the same recurrent hæmoptysis, offensive breath, and fecal or butyric sputa. There was also the same cachectic character, excessive thirst, and sensorial hebetude. The latter symptom was, indeed, so decidedly marked, that Dr. Laycock diagnosed obscure disease at the base of the brain from the first admission of the patient. His general morbid condition was, in fact, such that considerable mental depression and irritability are almost always experienced, unless special centric causes are in operation to diminish the sensorial sensibility of the cerebral centres subservient to the feeling of corporeal well-being or ill-being (according as the bodily states vary), and which Dr. Laycock places in the posterior portion and the base or the encephalon. He therefore diagnosed probable disease of the cerebellum or medulla oblongata in the case of Edgar, before any special symptoms involving the motor system showed themselves.

Functional disturbance of the nerve-centres in relation with the lungs, may, however, be associated with butyric or fetid expectoration in bronchitis. In proof of this Dr. Laycock called the attention of the class to the following case, observed by him twenty years ago, and reported in the *London Medical Gazette* for December, 1837:—

Case of Fetid Bronchitis; the Bronchorrhœa and Fetor occurring in Tertian Paroxysms, with Convulsive Cough.—A young woman, aged 20, the wife of a Hospital Serjeant in a cavalry regiment, admitted April 27, 1837, into Hospital. She is pale, and has an anxious expression of countenance. She suckled her first child for twelve months, and weaned it six weeks ago. Milk can still be squeezed from the nipples. Complains of violent cough attacking her in paroxysms, which continue for from fifteen minutes to two hours, causing great pain in the head, and accompanied by a profuse expectoration of a muco-purulent fluid, having a distinctly fecal and highly offensive smell. "Bronchophony at each upper and anterior region of the chest, most marked on the right." Pulse 80, feeble. Bowels constipated; tongue clean and moist; appetite impaired and fastidious; thirst excessive, the patient drinking two or three gallons of fluid every day. Temper irritable and desponding.

Her *history* was, that in January preceding she was attacked with pain under the right scapula, extending round and over the lateral and anterior region; it was aggravated when she coughed or breathed, catching her suddenly. She was relieved by bleeding, and suffered from nothing more than a slight cough until April 17 (ten days before admission). She was exposed at that time to cold and fatigue, and had causes of anxiety, and thereupon the pain recurred, extending round to beneath the right mamma. She had daily pyrexial paroxysms, commencing about noon, but not terminating in sweat. Her cough became more severe, and on the seventh day of the attack she observed that the sputa had a most disagreeable smell, which gradually became more perceptible, and at last highly offensive.

On watching the case in the hospital, it was found that cough and expectoration came on in tertian paroxysms. She would expectorate, in the course of two hours, from two to three pints of a dirty-gray muco-purulent fluid, of a peculiarly offensive fecal odour, and which filled the whole ward, tainting the atmosphere so that it resembled that of a privy. The cough was convulsive, like that of hooping-cough, the breath smelling like the sputa. In the intervals (that is, on each alternate day) the sputa much less in quantity, having more the odour of a decayed apple, and represented by the patient as of a sweetish taste. The thirst was so urgent, that she had a gallon pitcher of water, acidulated by nitric acid, placed by her bedside for use *ad libitum*. She left the hospital, still suffering from attacks, but she soon afterwards made rapid progress to recovery, and joined her husband at Nottingham (to which place his regiment had removed) in good health and spirits.

This case, Dr. Laycock remarked, was analogous to the preceding. There was the same characteristic sputa, the same broncho-pneumonia, the same excessive thirst. But the symptoms implicating the nervous system were those rather of irritability than paralysis; the cough was convulsive, the temper irritable; cephalæa during the paroxysms. The difference might in a great degree be attributed to the youth and more temperate habits of the woman; partly, perhaps, also to the action of the malaria to which she had been exposed, and which impressed the production of butyric acid with a periodic character. In this respect the case was analogous to those on record of tertian diabetes.

The beneficial action of the strychnine seemed to be well marked in the case of Scott. With the view, however, of testing its efficacy as a bronchial astringent, it has been administered in some cases of phthisis with profuse expectoration, in which there was the hopefulness which characterizes certain cases, and with the same apparent benefit; the amount of sputa having markedly diminished. Dr. Laycock is of opinion that a participation of the nervous system, in certain morbid pulmonary states, will be found to be of much more frequent occurrence than is even suspected at present.—*Med. Times and Gaz.*, May 16, 1857.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Pennsylvania State Medical Society.—The annual meeting of this Society was held at Westchester, on Wednesday, May 27, 1857. Dr. R. La Roche, President, in the chair. The venerable Dr. Darlington welcomed the Society to Westchester, in a brief, but very appropriate address.

Delegates were present from twelve counties.

The President, Dr. La Roche, delivered an able and elaborate address; for which, on motion of Dr. Ehler, of Lancaster, the thanks of the Society were tendered, and a copy was requested for publication in the *Transactions*.

At the afternoon session, in the absence of Dr. La Roche, Dr. Worthington, Vice-President, occupied the chair. On motion of Dr. W. Mayburry, Dr. John Curwen, of Harrisburg, was admitted as a Delegate from Dauphin County.

On motion of Dr. Jewell, Drs. T. D. Richardson and Percy La Roche, of Philadelphia, were invited to seats as members of the Convention.

Sanitary reports were received from the Medical Societies of Philadelphia, Perry, Beaver, Bradford, Montgomery, Blair, Schuylkill, Chester, and Washington Counties. After being read, either in substance or by abstract, the reports were referred to the Committee of Publication.

The Treasurer, Dr. R. P. Thomas, presented a report, which, after being audited, was pronounced correct, and adopted.

Dr. Atlee, on behalf of the Medical profession of Lancaster, invited the Society to hold its next annual convention in that city.

A report was received from Dr. J. Bell, of Philadelphia, chairman of the Committee appointed in 1856 to memorialize the authorities of Philadelphia upon the importance of universal vaccination. On motion of Drs. Atlee and Mayburry, the subject of the report was referred to a committee, to consist of one member from each of the county delegations present in this convention; with authority to memorialize the State Legislature in favour of a system of uniform vaccination throughout the State.

The Committee appointed to address the Legislature in regard to printing the *Transactions* of the State Medical Society, was, by request, continued.

Dr. H. Carpenter, of Lancaster, read an interesting report upon the subject of vaccine virus and vaccination, which was referred to the Committee of Publication. A discussion ensued, upon the subject of this report; in the course of which, Dr. Atlee, of Lancaster, related a case in which smallpox had occurred twice in the same child, under two years of age.

On motion of Dr. Carpenter, the appointment of Drs. Emerson and Condie, of Philadelphia, as a Committee to procure vaccine virus fresh from the cow, was renewed and continued.

Dr. Biddle, of Philadelphia, on behalf of the Committee to which were referred the resolutions of the Berks County Agricultural Society, in regard to the adulteration of drugs, reported that the subject had been taken in charge by the Pharmaceutical Convention, and moved that the Committee be continued. Carried.

The Committee appointed last year to confer, if desired, with officers of Insurance Companies upon the subject of vital statistics, was continued.

The report of the Committee appointed to consider the propriety of issuing a Form of Record of cases of disease, and of passing resolutions tending to compel the preservation of sanitary statistics, was read, and, after modification, adopted.

On motion of Dr. J. S. Carpenter, of Pottsville, the plan of a Form of Record, proposed last year, by Dr. H. Hartshorne, was referred to the Committee of Publication, with discretionary powers.

The report of the Committee on Biographical notices of deceased members was received and referred to the Committee of Publication.

The preamble and resolutions offered by Dr. R. P. Thomas, in 1856, in regard to a proposed alteration of the times of meeting of the American Medical Association, were taken up and discussed. On motion of Dr. Biddle, they were referred to the different County Medical Societies; with a request to report to this Society next year, upon this subject, and upon that of the expediency of modifying the basis of representation in the Association.

The Committee on the Organization of new County Medical Societies, made a brief report.

Dr. Darlington invited the members of the Society to visit the collection of specimens of Natural History in the Westchester Cabinet of Natural Sciences. The invitation was accepted. An invitation was also accepted to visit the Institution of Mr. Bolmar. On Wednesday evening, the members were handsomely entertained at the houses of Drs. Darlington, Thomas, and Worthington.

THURSDAY MORNING (May 28).

Dr. La Roche, President, in the Chair. Reports from several County Medical Societies (already named) were received, read, and referred.

Dr. R. P. Thomas presented a report from the Committee of Publication, which was adopted and ordered to be published.

On motion of Dr. Mayburry, Dr. J. L.

Atlee communicated an account of his experience with the results of the late epidemic at Washington, D. C. An interesting discussion followed, in which Drs. Jewell, La Roche, Remington, Corson, Neill, J. S Carpenter, and others participated. By request of the Society, Hon. Mr. Hickman, of Westchester, who was present, gave an account of his own suffering from an attack of the disease; from which he had received the impression that it was produced by a mineral poison.

Dr. H. Hartshorne moved, that the subject of the mode of extension of typhoid fever be commended to the Epidemical Committees of the County Medical Societies of the State as a special topic of inquiry. Adopted.

Dr. H. Carpenter, of Lancaster, proposed the following resolutions, which were adopted:—

Resolved, That the members of this Society be invited to present, at each meeting, prize essays, or original communications, which shall be subjects of discussion at such meetings.

Resolved, That the President, Vice-Presidents, Treasurer, and Corresponding Secretary, be constituted a committee, to devise a plan for the extension of medical organization through the State; and to procure the services of some active and zealous member or members, who shall, during the ensuing year, visit the different counties in which no organization exists, call a sufficient number of the members of the profession together, explain to them the importance of organization, furnish them with the necessary documents, and adopt such other measures as may tend to secure the desired object; the expense to be borne by this Society.

On motion of Dr. Jewell, Dr. Samuel D. Gross, of Philadelphia, being present, was invited to a seat as a member of the Convention.

A report was received from the Board of Censors, in regard to the Constitution and By-Laws of the Delaware County Medical Society. The Board was requested to hold the subject of that Society under consideration, and report again next year.

Dr. A. L. Kennedy read a report from the Committee on Forms of Sanitary Reports for County Medical Societies; recommending the introduction, as additional items, of information in regard to the medical effects of indigenous plants and of new remedies; and, of facts in surgery or obstetrics. This recommendation was adopted.

Dr. Kennedy also moved, that the Committee on Meteorology be requested to report to this Society on the means by which medical practitioners may most readily determine the electrical condition and fluctuations of the atmosphere. Carried.

The Nominating Committee, appointed on Wednesday, reported the following list of officers for 1858; who were thereupon elected:—

President.—Dr. John L. Atlee, of Lancaster.

Vice-Presidents.—Drs. J. B. Biddle, of Philadelphia; Isaac Thomas, of Westchester; Hiram Corson, of Montgomery County; Boyd Emery, of Washington County.

Recording Secretaries.—Drs. Septimus A. Ogier, of Chester County; Henry Hartshorne, of Philadelphia.

Corresponding Secretary.—Dr. Samuel Lewis, of Philadelphia.

Treasurer.—Dr. Robert P. Thomas, of Philadelphia.

Committee of Publication.—Drs. S. L. Hollingsworth, John Neill, and Edwin Janvier, of Philadelphia.

Censors.—1st and 2d Districts: Drs. J. A. Ehler, Lancaster; P. G. Bertolet, Berks Co.; A. R. Gaston, Chester Co.; W. W. Corson, Montgomery Co.; Charles Martin, Lebanon Co.; R. E. James, Northampton Co.; E H. Mason, Bradford Co.; W. Mayburry, Phila. *3d and 4th Districts:* Drs. John Landis, Blair Co.; J. B. Ludin, Huntingdon Co.; Luke Grainger, Tioga Co; Thomas Wood, Lycoming Co.; Jas. Henderson, Mifflin Co.; James Galbraith, Perry Co. *5th and 6th Districts:* Drs. Geo. H. Cooke, Washington Co.; D. Leasure, Lawrence Co.; G. P. Gazzam, Allegheny Co.; John Loman, Cambria Co.

Delegates to American Medical Association.—Drs. J. S. Carpenter, of Schuylkill Co.; Isaac Weidler, of Lancaster Co.; S. L. Blachley, of Washington Co.; W. Worthington, of Chester Co.; W. Jewell, of Phila.; Frank Rieser, of Berks Co.; Oliver Cunningham, of Beaver Co.; Milton Newberry, of Montgomery Co.; John D. Feay, of Blair Co.; Geo. F. Horton, of Bradford Co.; Benj. P. Hooke, of Perry Co.

Dr. Atlee was then conducted to the chair, and addressed the Society with much feeling. After the passage of resolutions of thanks to the Chester County Delegation, to the Authorities of Westchester, to the Railroad Companies, and to the retiring officers, the Convention adjourned, to meet at Lancaster, on the last Wednesday of May, 1858.

In the afternoon of Thursday, the members enjoyed, by invitation, a delightful excursion to the banks of the Brandywine. In the evening they were received by the members of the Chester County Medical Society, at a public entertainment in Cabinet Hall. Although not numerously attended, this Convention has been one, upon the whole, of great interest to those who were present.

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Meeting of the American Medical Association at Nashville.—We find, in the New Orleans *Med. News and Hosp. Gaz.* for June, the following remarks regarding this meeting:—

"The late annual meeting of this great Association was not as well attended as usual, nor were its proceedings characterized by anything of especial interest or importance. There were delegates present, it seems, from twenty-three States, but we regretted to notice the paucity of the more distinguished members of the profession of nearly all the large cities of the Union. We did not expect this, but, on the contrary, thought that with the present facilities for travel, the physicians of the North and East would not omit so favourable an opportunity to visit their brethren of the South. We felt assured they would be most heartily welcomed, and we wished them to see how sectional jealousies can be overwhelmed by Southern hospitality. We know not how to account for the non-representation of more than one of our Southern cities, in which can be found some of the ablest men in the profession, and in one of which there exists a flourishing medical college. But it is not our business to discover a reason for this; we only allude to the general surprise that was expressed. We had hoped that the expected meeting of the Association at Nashville would have excited sufficient interest in the profession to call forth a large delegation from the South; but such was not the case. The South still holds herself too much aloof from associated efforts, to advance medical science; yet, we trust the day is close at hand when she will be fully aroused from her lethargy, and realize the importance of fostering home institutions and literature.

"At Nashville, we missed many familiar faces that we had never failed to meet in our previous attendance on these glorious reunions, and saw many who made their first appearance in the halls of the Association. The absence of experienced members served in no small degree to lessen the interest of the proceedings, and gave rise to the introduction of suggestions and resolutions which could only have emanated from those who were not familiar with the previous transactions of the Association. The only discussions at all animated, were on matters of minor importance, and elicited developments that were not very creditable to the dignity of the body.

"A good many of the Standing Committees failed to report; others gave a synopsis of reports, which were referred to the Committee on Publication. The most interesting and elaborate report presented was that of Dr. D. M. Reese, of New York, on the 'Causes of Infantile Mortality.' The doctor had prepared a synopsis that excited deep interest, as far as he went; but, unfortunately, owing to the presence of ladies in the galleries, he was compelled to withhold the development of many startling facts relative to the disgusting vices of 'modern Gotham.' And here we must be so ungallant as to declare our disapprobation of allowing the presence of ladies at the deliberations of this Association. We doctors indulge in no eloquent debates calculated to interest them, but, on the contrary, we often have to discuss matters not very suitable to 'ears polite.'

"In Nashville, we had a repetition of those splendid and costly entertainments which the Association has been endeavouring to *suppress* for several years past. There are, certainly, many serious objections to them, in a business point of view; but, at the same time, they are so very agreeable, so creditable to the citizens of the place, and so flattering to the profession, that one can hardly have the heart to condemn them."

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Boylston Prize Dissertations for 1857.—At a meeting of the Boylston Medical Society of Harvard University, held May 12, a prize of fifty dollars was awarded to Mr. JOHN GREEN, of Worcester, Mass., for an essay on "Poisons, and their Detection;" and another prize of twenty dollars to Mr. JOHN T. G. NICHOLS, of Standish, Me., for an essay on "Diabetes, and its Treatment."

Ohio Institution for Idiotic and Imbecile Youth.—The legislature of Ohio have passed an Act for the establishment of an Institution of the Idiotic and Imbecile Youth of the State. Dr. R. J. PATTERSON, of Columbus, formerly Superintendent of the Indiana Insane Asylum, has been appointed Superintendent, a house has been erected, and the Institution will go into operation at once.—*Cincinnati Medical Observer.*

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Philadelphia College of Medicine.—We are pleased to announce that this Institution will, after the termination of the present year, give but one full course of lectures annually. The summer lectures will be supplementary only, and will, we understand, be restricted mainly to subjects which do not enter into the winter course. Degrees will be conferred at the termination of the winter course.

This concession to the general sentiment of the profession, does credit to the College, and will, without doubt, be beneficial to it.

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American Edition of Montgomery on Pregnancy.—This edition has been most complimentarily noticed in the British Journals. The *Dublin Hospital Gazette* (May 1, 1857) thus speaks of it:—

"In the list of new medical works we feel bound to notice the American edition of Dr. Montgomery's *Exposition of the Signs and Symptoms of Pregnancy.* We have already noticed this work as one possessed of no ordinary merit; and the extreme pains taken both by the publisher and printer in bringing out the American edition, show that the author's labours have been appreciated in the New World as well as in the Old.

"We are inclined to go even further than the publisher, and say, that in every point of mechanical execution, the work will be found the handsomest yet issued from the American press."

It is noticed, in equally complimentary terms, in the London *Medical Times and Gazette*, May 2, 1857:—

"Dr. Montgomery's classical volume has been reprinted in America, in a manner which is at once worthy of the great merits of the work itself, and highly creditable to the transatlantic publishers. The paper and typography are excellent, and the very beautiful plates of the corpus luteum are most admirably executed. Those representing the appearance of the mammary areola during pregnancy have been omitted, because, as the American publishers state, 'the extreme delicacy of finish, and accuracy of colouring, requisite to render them of any service as reliable guides, would have increased the cost of the work to an extent far beyond their direct utility as a means of diagnosis, and thus prevented its republication; while their omission was not found in any way to impair the completeness of the text.' The publishers do not say too much, when, in their announcement of the volume, they observe, at the close of a just tribute to the value of the original, that 'in every point of mechanical execution the work will be found one of the handsomest yet issued from the American press;' and we congratulate the distinguished author on the evidence which this circumstance affords, that in the New World, as well as in the Old, his valuable contributions to obstetric science have met with the appreciation they deserve."

FOREIGN INTELLIGENCE.

Secret Medicines.—[We ask attention to the following remarks, extracted from an editorial article in the *Lancet* (June 6), because the public seem not to have a just appreciation of the ethics of secrecy in medicine] :—

"In pursuance of our inquiry into the ethics of 'secrecy,' we beg to-day to call the attention of our readers to the false analogies put forward by the supporters of trading in occult remedies.

"In the first place, it is said there is something offered to society for sale. If society wants it, let it bid; let it buy. This is the usual course, and why must it be reversed? The reason why is this: An invention in art or manufactures, or a discovery in the applied sciences, has a money value. This money value is an unknown quantity; it may be great, or it may be small, but it is not the less a money value. The inability to determine the exact value of the commodity, does not preclude the possibility of a bargain upon sound principles; society may lose in the transaction, or the inventor may lose; but the loss is a money loss on either side, accordingly as society may have over or under-rated the value of the discovery. And here the question terminates. Such bargains are made every day; values fluctuate, or are in their nature indeterminate, and speculators run their risk. But the profit and the loss are capable of comparison. A gain in money is comparable to a loss in money. It is so many pounds better. But who can compare pain and life with money? No one has ever yet determined how sharp a pang may, upon commercial principles, be relieved for a guinea; neither have we as yet, happily, computed the value of an hour or even a minute of life in pounds sterling. It is obvious, then, that as the profit and the loss in the sale of medical knowledge are not like values, the analogy between such a transaction and the operations of trade, or even the sale of inventions having a pecuniary measure of value, is a false one. It is a wretched sham, put forward to blind those who have not sufficient dialectical skill to unmask the sophism at which their hearts and consciences rebel.

"Let us examine another of the defences. It is urged that, after all, the vendor of a medical secret is only doing as an individual what the profession does as a body; that he is putting a price upon that which society is ignorant of and requires; that not only does the profession of medicine price its assistance and succour, but all who possess special skill or knowledge do the same; that a charge of trading upon misery is as applicable to the body as to the individual. But it is *not* so. This *tu quoque* cry, this other false analogy, even though boldly asserted, is but a sorry pretence, when looked at closely. Medical men price their labour, not their knowledge. The labour, being skilled labour, commands a more or less high price. The repute of an individual makes his labour more valuable; the demand raises the price. Not of his skill, but of his labour. And this is a sound commercial principle; the most high-minded may profit by it, the most delicate and sensitive minds need not shrink from such a result. And why? Because there is a legitimate relation between *labour* and *money;* none between knowledge of what is *priceless* and *money.* To go a step further, what is the practitioner paid for? Certainly not for a secret—not even for his knowledge—but only for his application of what is distributed amongst thousands. If A refuses to act, B will. Both A and B are in possession of something hidden from the public, or, rather, unknown to the public. If A and B, and all the other medical practitioners combined, and declined to render their services for less than an enormous reward, then they would be pricing their knowledge—trading upon life and pain—selling a secret, in short. What does secreting a remedy for individual benefit amount to, then? what does it represent? Nothing more or less than a gigantic combination. The individual possesses a secret which is as peculiarly his own, and not more so, as the medical knowledge of the body of the profession. Let us imagine the profession to combine and act as an individual—to say to society: 'We have knowledge, and you need it; you suffer, we can give you ease; you are about to die, and we can save you. But first make us rich, give us dignities, place us upon the pinnacle of human prosperity, and then the knowledge is yours.' This is the true analogy. Who would defend us in such a course? Should we not, as a body, deserve the execration of society? Are there any terms of reproach adequate to express the inhumanity, selfishness, and turpitude of such conduct?

"Space prevents us from doing more than enumerating some subsidiary incentives to publicity in relation to medical discoveries. We should never forget that we are the legatees of our predecessors. Hitherto, all great discoveries in medicine have come down to us without a price. We owe to posterity a debt which we cannot pay to those who have gone down to the grave in honour. It is our business to keep up, in unbroken succession, the long list of benefactions in which we have all been participators. To begin now, in the present day, to fall away from the charity of our predecessors, is sacrilege—nothing more nor less than 'rank blasphemy' against the memories of those departed worthies, who, in all singleness of purpose, sought not their own private advantage, but how they might diminish the aggregate of human suffering. Again, it may be as well to say, that no man has a right to wealth. All who work have a right to subsistence in their sphere of life, even to competence, but not to great riches. If wealth pours in, it is probably deserved; it is very likely the meed of merit. But he who looks forward to *wealth* as something he can *claim* in return for his services or discoveries as an indefeasible right, has far mistaken his moral position. Finally, our mission is to work, and often to fail in securing our reward; not to trade in tears, or put a money value upon the pains and diseases which afflict our species."

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Dr. Fell's Treatment of Cancer.—A few months since, we informed our readers that the Governors of the Middlesex Hospital had, under the advice and with the concurrence of the medical officers of that institution, placed at the disposal of one Dr. Fell a certain number of beds in the department of the hospital especially devoted to the treatment of cancer. Dr. Fell is, as is generally known, an American surgeon, who has obtained extensive notoriety, as being the inventor of a novel method of curing or treating cancer. He professes to do what no one has yet done before him, viz., by the action of certain remedies, to destroy the constitutional character of cancer; and, by the aid of a caustic, to necrose, destroy, and eliminate *en masse*, root and stock, the local tumour; doing this in a manner which, though not quite according to the ancient aphorism in respect of the *cito*, nevertheless acts, as is affirmed, *tuto* and moderately *jecundè*.

Now this, as we understand, was the way in which Dr. Fell so rapidly reached the high position of *interim* surgeon to a metropolitan hospital. Having attained to an eminent degree of private practice—and we need hardly say, that all practice in London, which is eminent, is also invariably highly lucrative—he liberally invited his professional brethren to come, and be themselves the witnesses of his method of triumphing over this arch enemy of poor humanity. Many came; and some were convinced that Dr. Fell had made a decided hit. So good, feasible, and reasonable, indeed, did his method appear in its results, to certain reflecting minds, that to them Dr. Fell's offer of operating in a public hospital was thought worthy of consideration. Under certain conditions, therefore, Dr. Fell was permitted to enter the Middlesex Hospital as a semi-public operator. The nature of his remedy, and his mode of applying it, were to be imparted to the surgeons of that hospital; and, after a given time, the secret of both, and the results as exhibited, were to be fully published, to the anxious admiration of the sceptical and the faithful.

We observed at the time, that we thought, once in a way at least, the public could hardly accuse the profession of being deaf to the voice of a charming novelty; and that Dr. Fell could not claim a serene seat among the victims of prejudice and bigotry, like the modern Hygeist, Homœopath, Mesmerist, *et hoc genus omne*, who pretend, in this respect, to row in the same boat with the persecuted Galileo and Harvey. Dr. Fell has had the fairest of play. We promised at the time, and we repeat the promise, that if, in the event, his performances equal his pretensions, we will do him justice before the world; but we think our patience is overtaxed. There are two parties to the bargain into which the Doctor has entered; and he must not, therefore, expect to have it all his own way. The compact is, as we understand it, this—that the whole history of the remedy and the treatment shall be disclosed to the public whenever the experiments carried on in the Middlesex Hospital shall have reached a degree of completeness sufficient to enable the surgeon-judges to express an opinion thereon. Has not that time arrived? We cannot doubt it. It is well known that Dr. Fell has operated on numerous, and, as we understand, well selected cases of cancer; and that the tumours have been removed by his method. We conclude, therefore, that, as far as the mere opinion itself is concerned, the adjudicators could give us no more or better information a year hence than they can do at the present moment. The only pretence of delaying judgment which can be suggested is, that as yet no opinion can be given regarding the secondary consequences of the operation. But such a reason might be given a year hence with almost as much show of sense as at the present moment; for if, in Dr. Fell's well chosen cases, the cancer does not return during twelve months, there is no improbability but that it will do so at a later period, as happens in cases treated by the knife.

This, then, the most important part of Dr. Fell's pretences—that which relates to the eradication of the constitutional cancer—cannot receive any solution from these experiments, unless we are willing to wait patiently two or three years, quiet expectants of a large experience. Consequently, the matter, stripped of all varnish, rests exactly where we previously placed it; and the question to be answered is simply this: Can Dr. Fell, by the aid of his new caustic, remove a cancer-mass in a more effectual, pleasant, and scientific manner, than can be done by the methods of ablation ordinarily practised? Now, if this question can be answered at once (and who can doubt that it may be?), why is the reply delayed?

The question is one which the profession has a right to urge. A secret remedy—shall we say a nostrum?—is at the present moment widely and extensively used, and, in a certain manner, *under the patronage of the profession.* It was not exactly thus that Jenner and Harvey promulgated their discoveries; nor is the proceeding altogether according to the medical ethics of even these commercial times; still, under the circumstances of the case, we were not unwilling to stretch a point in favour of Dr. Fell; but there are limits to forbearance in this direction. The advertising sheets of our journals have been informing us for months that "shortly will appear" the grand secret; but still it comes not. Puffs of Dr. Fell find their way into the daily prints; and some are of such a character that one of the medical staff of the Middlesex Hospital thinks himself bound to disclaim all connection with the trumpet-blowing, on his own and his colleagues' behalf; expressing, at the same time, a hope that Dr. Fell is entirely innocent of partaking in it. Then again, such is the repute Dr. Fell has gained under the eaves of the Middlesex Hospital, that, *per fas* and *nefas*, young and old, from far and near, afflicted with cancer, are rushing to his hands. Are they all rushing to a delusion? Is the operation extreme and lengthened torture, or a mild and gentle process? Does it remove the tumour more securely and effectually than the knife does? What are its advantages, if it has any, over established practices? These are questions which, we plainly say, ought to be at once answered by the surgeons of the Middlesex Hospital. The cause of suffering humanity and the honour of the profession demand an answer. The materials for the solution of the questions are abundantly sufficient in their hands. They know how the tumour is removed; the duration of the operation; the pain attending it; the character of the wound, and its mode and times of healing; these things they know, for they have seen them. Why should there be more delay? On the most material point—the greater or less degree of probability of the recurrence of the cancer—they can evidently give us no information of any value whatever, unless they delay their report until many of us are in our graves; and, even then, what would be the worth of a few statistics drawn from operations performed on a given number of selected cases?

A grave responsibility rests upon the surgeons of the Middlesex Hospital. Common sense, indeed, would seem to tell us that excessive and long enduring pain must attend the removal of large tumours by caustics; and the experience of most of us has made us acquainted with individual cases, where weeks of such intense suffering has been endured from this very method of ablation. Now, if a few cuts of the knife, rapidly made under the influence of chloroform, are, after all, a better operation than Dr. Fell's, the public cannot too quickly be told so; for it is evident that, if such be the verdict given, an immense amount of needless suffering will be immediately spared the unfortunate victims of cancer; and that, the fewer experiments tried to test the fact, the better for the world and for the credit of the profession.—*British Med. Journ.*, May 16, 1857.

Since the preceding article was in type, we have received a very recent number of the *Lancet* (June 6), from which it appears that Dr. Fell has at last made his plan public:—

"The caustic employed is a combination of chloride of zinc, the Canadian bloodroot, flour and water, and cochineal, to impart to the mass a deep red colour. This is applied either alone or on strips of linen. In cases where there is no ulceration of the surface, the skin is previously destroyed by the application of strong nitric acid. After the application of the paste to the charred surface, incisions of three-eighths or half an inch are made through the destroyed tissue, the caustic being again applied, and the incisions again deepened. Care is taken that the incisions should not extend to the living tissue. Strips of linen, covered with the paste, are inserted into these fissures. In three or four weeks, the incisions penetrate into the softer tissues, beneath which the line of demarcation has become established. The case is now left alone until the whole mass comes away like an eschar. It is stated, that the destructive process does not seem to involve the nerves to the same extent as the vessels, for the former were found to enter the diseased mass, and were the last to give way to the caustic. The pain varies in different individuals.

"Such, then, is the main feature of this wonderful secret. Enough for the present upon that head. It still remains, however, to be proved—a proof which can only be determined by time—whether the remedy of Dr. Fell possesses any real advantages over the knife, or other modifications of the caustic treatment long known and long practised. If the system be not freed from the disease, there would appear to be 'great cry and little wool.'"

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Extraordinary Monomania.—M. LARIVIERE relates a case which he believes unique, which has recently come before the court of Briançon. A man, aged 27, usually believed to be of weak intellect, and a great liar and dissimulator, was convicted of having torn open the abdomen of many live sheep with his teeth, and then eviscerating the animals. He killed as many as thirteen in this way in four or five months, and five in the same night. No motive could be assigned for the acts, and M. Lariviere pronounced it a case of pure monomania. The court sentenced him to six months' imprisonment.—*Med. Times and Gaz.*, June 13, 1857, from *L'Union Médicale.*

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Nuisances arising from Gas-Works.—The Metropolitan Association of Medical Officers of Health have just presented a report on the nuisances arising from Gasworks. There can be very little doubt that the manufacture of coal-gas, although a most useful operation, is one of a most offensive description; and indeed it is a matter of wonder that persons living in the vicinity of these works are not more often the victims of disease than appears to be the case. Their immunity can only be accounted for on the principle that habit accustoms human beings to bear deleterious influences which, when newly introduced, might be most pernicious. In the first place, clouds of smoke are evolved on the charging and emptying of the gas retorts, and this smoke often blackens the air in the vicinity. Then the purification of the gas occasions the deposition of a number of nauseous and poisonous materials, which being volatile, are again sent forth into the atmosphere. When we mention that the chief volatile products are sulphuretted hydrogen and hydrocyanic acid, not to mention ammoniacal and tarry matters, it may readily be supposed that a great gas-work is a focus of pestiferous emanations. In a scientific point of view, nothing can be more instructive and interesting than the manner in which coal is made to yield up its illuminating material for the service of man in our great cities, and it is equally wonderful to observe how the progress of discovery has enabled the gas manufacturers to economize their resources and utilize their materials. In illustration of the latter remark, we may observe that a gas-work is a world in itself, and with a supply of coal, and lime, and water, all the operations may be carried on without extraneous assistance. The refuse coal from the exhausted retorts becomes the coke which heats the fresh coal, and the lime used to purify the gas is afterwards employed to lute on the stoppers of the retorts. It is also not an uninteresting circumstance, that the various preparations of ammonia, employed to revive the drooping powers of the sensitive lady, or to rouse the flagging energies of the exhausted victim of fever, are mainly derived from the filthy refuse liquor of the gas-works. But the chemical operations required for effecting these wonderful changes are of a most offensive character, and on this account they have lately attracted considerable attention, and have been made the subject of the report to which we have alluded, from the Metropolitan Officers of Health. The document, however, is a very mild one, merely suggesting some improvements in the practical details of gas-making, the very nature of which necessitates the evolution of a host of offensive effluvia. The only possible remedy is, to remove the gas-works to a distance from human habitations.—*Med. Times and Gaz.*, May 23, 1857.

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London Homœopathic Hospital.—The last hospital devoted to this delusion in London has closed its doors. It has dwindled down into a "temporary office" and a "dispensary for out-patients." We hear much of the success of homœopathy, and yet the friends of the humbug cannot subscribe sufficient funds to support a "hospital" even at a private house. Like all quackeries, it has had its day; like all quackeries, it has been supported by the shallow, weak, and credulous on one side, and the charlatan and the rogue on the other. Such alliances are invariably broken when either the eyes of the one are opened, or the rapacity of the other is not gratified.—*Lancet,* April 4, 1857.

THE MEDICAL NEWS AND LIBRARY.

VOL. XV. AUGUST, 1857. No. 176.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Conservative Surgery, and Diseased Metatarsal Bones.—The subjoined case well illustrates the good results often obtained by the application of conservative principles to the surgical treatment of diseases of the lesser bones. It is one in which some years ago amputation would have been deemed inevitable. A girl, aged 8, was admitted into Guy's Hospital under Mr. Birkett's care, on February 24, on account of disease of the metatarsal bone of the great toe. It had been bad between two and three months. A short time after her admission she was taken into the operating theatre, and placed under chloroform, with the view to the making of exploratory incisions and proceeding as might be found necessary. There was much surrounding swelling, and several sinuses leading to exposed bone. On examination, the state of things proved as had been expected—there being necrosis without joint disease. The distal half of the metatarsal bone was detached at its epiphysis from the articular head, and above from the upper half of the bone. It was removed without any joint being opened. The girl, after only a short stay in the Hospital, left quite well, the wound being healed, and the toe only a little shorter than the other. We do not, of course, mean to assert that in former times amputation was resorted to in all cases of diseased bone of the toes or fingers. It is quite certain, however, that a great many such are now saved which would formerly have been sacrificed. To this end the use of chloroform has greatly conduced, since it enables the Surgeon to make exploratory incisions, and ascertain the exact condition of the bones prior to proceeding to amputation. We have repeatedly seen both fingers and toes preserved which, before the exploration, it had been quite intended to re-

Published monthly by BLANCHARD & LEA, Philadelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage.*

☞ *In no case is this periodical sent unless the subscription is paid in advance.*

move. These bones are so small that with much œdematous swelling about them it is very frequently impossible to tell whether or not the articular extremity is actually diseased. And on this point the whole question of treatment often turns. If the articular extremities are sound, the disease is usually a necrosis of like character with what occurs in the case of the larger long bones, that is to say, the periosteum is left, and a more or less perfect substitute shaft will eventually be formed. That the amount of new bone thrown out for purposes of repair is in the case of these much less than it is with the femur or tibia, must be admitted. The new shell is not only much less perfect, but it is formed much more slowly. In the majority of cases, however, it is ultimately formed to a sufficient extent to prevent much shortening of the bone. We have repeatedly seen cases in which, at the time of the operation, two or three inches of the entire thickness of a metacarpal or metatarsal bone were removed, whilst only a few spiculæ existed at the time in the periosteum, and in which, therefore, shortening to a large extent appeared inevitable. Very generally, however, a new shaft has been produced, and the final result, as in Mr. Birkett's case just given, has been very much more pleasing than had been expected.—*Med. Times and Gaz.*, July 4, 1857.

A Knee-Joint saved.—A little boy was shown us on the 9th June, at the Westminster Hospital, who had been an inmate for fourteen months under Mr. HOLT's care, with disease of his left knee-joint, which seemed to be of a strumous character. It went through all the phases of disease witnessed in that articulation. The patella was in a necrosed state, the joint was filled with pus, and the little fellow was as bad as he could be. Mr. Holt made a crucial incision over the patella, and removed all the diseased part of the bone, and at the same time let out a quantity of matter from the articulation itself, the boy's general health being carefully attended to by good diet, &c. The result has been the healing up of the wound, and actual recovery of the boy, with a useful limb. The joint became firm, somewhat flexed, and without pain. As there was some motion in it, a splint was applied with a screw at its under surface, and extension gradually practised, so that there is now some slight motion, with a prospect of straightening the limb, which, we have no doubt, will prove a useful one as the boy grows bigger. There can be no question that the result here is likely to be more favourable than if excision had been performed.—*Lancet*, June 20, 1857.

Ligature Treatment of Varicocele.—In two cases recently under Mr. HILTON's care in Guy's Hospital, the ligature method of cure has been tried with good success. In the first, a man, aged 17, in good health, suffered from varicocele of the left side, and for nine months had been much inconvenienced by aching in the loins, &c. He willingly consented to the proposed operation. Care being taken to isolate the veins from the cord, a long needle was passed behind the former, and a twisted ligature applied over its projecting extremities. The ligature was allowed to ulcerate out. No symptoms of phlebitis ensued, the veins were obliterated, and the man left the Hospital relieved of his disease. In the second case the patient was 22 years old, and had suffered from the affection for a longer time. The same measure was adopted, and with satisfactory results, although not such complete relief as in the first. It is a plan of treatment which Mr. Hilton not very unfrequently resorts to in severe cases.—*Med. Times and Gazette*, July 4, 1857.

Cancer Hospital—Number and Variety of Cases under Treatment.—On the 14th April, we paid a visit to the out-patients' department of this Hospital, and saw a large number of cases, some of them under treatment, and others, again, presenting themselves for the first time. We were surprised to find amongst many of these, several from various parts of the country, and it must be a matter for gratification to the governors and subscribers of this noble charity to know that such is the reputation of their Hospital, that patients come even from the most distant parts of England to obtain relief. This speaks much for the reputation of the staff connected with it.

It were needless to go into detail upon the many remarkable cases which were presented to our notice; a large proportion of them are instances in which the female breast is implicated, in every variety and stage of the disease. These under treatment were doing well. One woman presented herself with a very deep ulcerated cavity, offensive discharge in her right breast, which would have held one's fist; portions of the affected gland were sloughing away. She was upon the same treatment as in the following case, and was doing well. She had had, some years before, cancer of the womb, of which she was completely cured, we believe at this Hospital. Another woman, who expressed herself most gratefully for what had been done for her, was shown to us, with a small healthy ulcerated surface the size of a shilling, in the midst of an immense cicatrix of the left breast, which some time ago formed a frightful-looking cancer of the organ, about twelve inches in diameter, with swelling, induration, pain, offensive discharge, &c. She was admitted into the Hospital, at Brompton, in almost a moribund state from hemorrhage, which was arrested by the perchloride of iron. All the affected breast sloughed away, and began to heal up, her health being greatly improved. In this case the disease was of twelve years' standing, her age fifty-two years. The treatment pursued was bark and hydrochloric acid internally, and a lotion consisting of chlorate of potass, half an ounce to the pint of water, with forty minims of hydrochloric acid.

There was a very bad case of cancer of the tongue in an old man, existing for some years, with present sloughing of the organ; but, strange to say, we found an absence of fetor, which is an unusual circumstance in these cases. A lotion was carefully used in this case, of four grains of bichloride of mercury, two drachms of spirits of wine, four drops of hydrochloric acid, and six drachms (not ounces) of water. The tongue was enlarged, not freely movable, and articulation indistinct.

Besides examples of cancer in other parts of the body, we saw several instances of indurations of the breast, which the patients either feared or had been told elsewhere were cancer. These were dispelled with constitutional treatment. But we can truly say they would be received as cancer, treated as cancer, and cured as cancer, by some of the notorious *cancer curers*, who cannot distinguish this disease from others, who call everything cancer, and who abound in this great metropolis.

We hope shortly to give some brief reports of interesting cases from this Hospital, with a reference to the treatment pursued, which is quite open and fair. Nothing is here concealed. Any medical practitioner is permitted to witness the practice of the Hospital on simply presenting his card. He will see from forty to fifty cases of various forms of cancer amongst the outpatients' department, from which the worst cases are selected for admission into the Hospital itself, situated at Brompton, and we feel certain every visitor will leave not only satisfied, but highly gratified with everything connected with the charity.

The fourth Annual Report, for 1856, states that 1,133 cases of cancer were treated in this Hospital; of these, 183 were males, and 950 females, showing how much more prevalent is the disease in the latter sex. The diseases amongst the females ran thus: Breast, 710; special organs (womb, &c.), 157; face, 45; tongue, 18; eye, 7; side, 5; arm, 3; stomach and pancreas, 3; fauces, 2. Whilst amongst the males, there were of the face and lip, 69; tongue, 51; special organs (genitals), 32; arm and hand, 13; bones of face, 9; breast, 3; eye, 2; stomach, 2; back, 1; and thigh, 1.

All the varieties of cancer were represented, and the average duration of the disease before coming to the Hospital was three years. Besides the above, there were 226 cases of doubtful character.—*Lancet*, May 2, 1857.

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Spontaneous Sloughing of Cancer.—There is a patient now attending the outpatient department of the Cancer Hospital, named Mary Punter, 52 years of age, married and mother of nine children, in whom a perfect cicatrization of a large ulcerated surface in the left mamma has followed spontaneous sloughing of a very large cancerous tumour. She came to the Hospital in October, 1855, with a large ulcerated cancer, from which there was at times very free hemorrhage, which was stopped by the local use of the perchloride of zinc. Carrot poultices were used until January, 1857, during the whole of which time the process of ulceration and sloughing was going on. In January, the whole of the diseased mass had separated, and a very large superficial granulating sore was left, nine inches in diameter, which has gradually cicatrized from the edges towards the circumference, and is now firmly healed over.

There is no swelling in the axilla, and the woman's general appearance is that of excellent health.—*Medical Times and Gazette*, May 23, 1857.

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Cure of Syphilis without Mercury.—On a recent visit to the syphilitic ward of the Royal Free Hospital, where a number and variety of syphilitic disease are to be met with, especially of the secondary eruptions, we find they are treated by the administration of stomachic and tonic remedies and good diet, conjoined with the following formula, viz: Sulphur, one drachm; sulphuret of antimony and nitrate of potass., of each five grains; mixed into a powder, half of which is given night and morning, and persevered in till the eruption disappears, the health is improved, and a cure established. Dr. Marsden has employed this mode of treatment for twenty-seven years, in thousands of cases, and he observes, that not one in a hundred instances has he known to return with constitutional symptoms. In the primary forms of syphilis he trusts to stomachics solely, with good diet. This is a very interesting and highly important fact in the treatment of syphilis. The cases of secondary eruptions under this plan of treatment, which we saw on the first of June, fairly spoke for themselves, as they were gradually dying away.—*Lancet*, June 27, 1857.

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Ovariotomy.—"Ovariotomy, to judge from the practice of the London hospitals, seems to be well nigh discarded. It is suspected very generally that such statistics as appear to show it in a favourable light, only do so on account of their incompleteness. We may venture the remark, that the belief as to the 'cooking' of ovariotomy statistics is most fully borne out by all that has come to our knowledge. Since the statistics of operations were commenced in this journal, about four years ago, about ten cases have been recorded: and it is an ominous fact, that out of these not one single case has recovered. When it is recollected that all these were performed in large hospitals, and with every advantage that consultations, etc. could afford, the statement becomes all the more discouraging. As bearing upon the value of previous tables, and as showing the very general habit of omitting to mention fatal cases, we may add that only one or two of these ten cases have ever been made public, excepting by means of the Quarterly Statistical Reports alluded to, and, but for these, would most likely never have been known."—*Med. Times and Gazette*, May 23, 1857.

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Amylene and Chloroform.—From what we see of the employment of amylene we are strongly impressed with its advantages over chloroform in some instances. Latterly its use has been resumed at King's College Hospital, by Dr. Snow. On the 30th of May, he gave the vapour in three cases—one of hare-lip, in an infant; one of amputation of the toe, in a young man; and one of excision of the knee-joint. All were quickly placed under its influence, say in from two to three minutes, and it was easily kept up. We observe, also, that the smell is not so pungent as it was; it is not liked by some persons, but it is by no means disagreeable. In a case of partially contracted knee, in a young man under Mr. Partridge's care, the chloroform was given in preference to the amylene, on the 30th of May, so as to relax the muscles in the effort made to forcibly straighten the limb. We saw a very striking instance of this wonderful property of chloroform, a few weeks back, at St. Bartholomew's, in a case of strangulated inguinal hernia, under Mr. Lloyd's care; it had resisted ice, the taxis and other applications, but was reduced without much trouble, simply under the use of chloroform, which not only produced relaxation of the muscles, but seemed in some way or other to render the seat of structure less tense. Now, in the cases of amylene inhalation, it is the rapid restoration of consciousness immediately on the cessation of inhalation, which gives it a very unmistakably decided advantage over its sister chloroform, which cannot be lost sight of altogether. We have seen Dr. Snow use the amylene in several instances since the 30th May.—*Lancet*, June 20, 1857.

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Lectures on the Causes of the Mortality which attends Parturition and the Puerperal Period, and on the modes by which the amount of this mortality may be determined. By W. Tyler Smith, M.D., Lecturer on Midwifery, &c.

The seventeenth annual report of the Registrar-General, of births, deaths, and marriages in England, published during the present year, contains a letter on the causes of death in 1854, by Dr. Farr, the eminent vital statistician, in which the mortality of women in child-bearing is very ably handled. From this document it appears that during the eight years from 1847 to 1854, inclusive, to every 10,000 children born alive in England and Wales, 54 mothers died. This makes a maternal mortality of nearly 1 in every 189 deliveries. In the seven years no less than 3,232 mothers died, on the average, annually. It is a gratifying fact, that in the seven years the mortality decreased from 60 in 10,000, in 1847, and 61 in 1848, to 47 in 10,000 in 1854. Since 1848 the declension has been progressive, the numbers per 10,000 being 58, 55, 53, 52, 50, and 47. Still, in the most favourable year, 1854, 3,009 died either during childbirth, or in the puerperal period—an enormous fatality to attend the performance of a natural function. The most minute particulars in his report relate to the year 1852. In that year there occurred in this country 617 902 child-bearings, and the number of women who perished was 3,247. We may at the present time consider 3,000 per annum as the number of women destined to perish from childbirth in England and Wales. This mortality, it must be remembered, refers to women in the prime of life, who, up to the time of labour, enjoy excellent health. From the numbers given in the seven years, out of every 100,000 child-bearings, 530 women died from causes incident to labour. In the year 1848, 61 mothers died to every 10,000 children born alive. For the year 1852, we have the exact number of child-bearings given. In this year, 617,902 women were delivered. Of these, 3,247 died in childbirth, or in the puerperal period. The estimated number of stillborn children was 22,122. The deaths from child-bearing bear a considerable proportion to the entire mortality during the child-bearing period—viz: from the ages of 15 to 55. Amongst women of the age 15—25, the annual mortality per cent. from all causes was .861, of which the $\frac{1}{21}$st part, or 0.41, is by childbirth. At the ages 25—35, and 35—45, the annual mortality per cent. from all causes was 1.090 and 1.296, of which .098 resulted from childbirth. Thus between the ages 25—35, 1 in every 11 deaths from all causes is from childbirth. At the age 35—45, one out of every 13 deaths is from childbirth; and in the case of women of the age 15—25, the mortality is increased by childbirth in the ratio of 5 to 9. It is difficult to put the mortality from parturition in a stronger light than this. In the English schedule there is as yet no column for the ages of the parents of the children registered. In the Swedish returns this defect does not exist, and Dr. Farr has determined the deaths from childbirth, at the respective ages as they occur in this country, by applying the data drawn from the Swedish tables to our own. The results show that a mathematical law governs the calamitous deaths of childbirth. Between the ages of 15 and 25, the maternal mortality, as already stated, amounts to 668 in every 100,000, in childbirth. In the second child-bearing decenniad, from 25 to 35, the mortality from parturition is only 425 in 100,000 labours. It rises to 633 per 100,000, between the ages of 35 and 45, and to 883 in the last decenniad, namely, from 45 to 55. It is in the first decenniad that the largest proportion of first births occur; but more than one-half of the deliveries which take place at all ages, occur between the years 25 and 35. This is, in fact, the great child-bearing epoch, and the age at which parturition is most safely performed. At the age of 15 to 25, one woman out of every sixteen bears a child in the year. At the age of 45 and upwards, the number bearing children is inconsiderable, but from the age of 25 to 35, one woman in every four bears during the year in this country. The most fatal decenniad is the last, between the ages of 45 and 55, when the deaths are more than double the proportion of the deaths occurring in childbirth between 25 and 35. The female population between the ages of 45 and 55 is estimated at 782,010; of these, 7,545 are computed to bear children in the year, and a fatal result occurs in 66 cases, or at the rate of .883 per cent. The comparative mortality in the four decenniads may be represented by the figures 3, 2, 3, and 4. This increase in the mortality from parturition at the two extremes of the child-bearing epoch is in accordance with the results of common observation. All radical defects and deformities in the child-bearing organs are tested in first pregnancies, and it is in the first and last periods that rigidities of the soft parts are most marked. Towards the end of the child-bearing period, women then becoming pregnant for the first time have their peculiar dangers; while in women who have borne numerous children, and in whom the reproductive organs are worn out, as it were, the results of uterine inertia, and the occurrence of rupture of the uterus, from its imperfect development in later pregnancies, increase the mortality. Other affections, such as fibrous tumours and mollities ossium, also increase in importance as impediments to labour, towards the close of the child-bearing epoch. It may be observed that in all returns relating to obstetrics, the amount of mortality from causes connected with child-bearing are rather under than over stated, from the natural repugnance of practitioners to refer to this condition as a cause of death.

If we come to inquire into the special causes of death from parturition, we find metria or puerperal fever to be the monster source of childbirth mortality, when compared with any other single disease or accident attending labour. In the eight years 1847—55, 25,868 mothers died in childbirth; of these, 8,154 perished from puerperal fever. More than 1,000 women die annually in England from this cause alone. The particulars of this are set forth in the following table:—

Deaths of Women in Childbirth in the Eight Years 1847—54.

YEARS.	NUMBER OF DEATHS FROM			Deaths of mothers to 10,000 children born alive.
	Metria and other causes.	Metria or puerperal fever.	All other accidents of childbirth.	
1847	3,226	784	2,442	60
1848	3,445	1,365	2,080	61
1849	3,339	1,165	2,174	58
1850	3,252	1,113	2,139	55
1851	3,290	1,009	2,281	53
1852	3,247	972	2,275	52
1853	3,060	792	2,268	50
1854	3,009	954	2,055	47
8 y'rs, 1847–54	25,868	8,154	17,714	54

After puerperal fever, hemorrhage and exhaustion, the operations of midwifery, rupture of the uterus, puerperal mania, and convulsions, are the principal causes of death. Certain diseases quite distinct from parturition, such as smallpox or scarlatina; and visceral inflammations, such as idiopathic peritonitis, cardiac, pulmonic, and cerebral inflammations, are vastly increased in danger by the concurrence of pregnancy or parturition. Statistics yield some interesting and important facts respecting the ages at which metria and the other disorders and accidents of childbirth are fatal in different proportions. These facts are exhibited in the following table:—

Comparative Mortality of Women bearing Children at different Ages, from Metria and all other Causes, in the Seven Years 1848—54.

Age of mother.	Deaths by metria.	Deaths by other accidents of childbirth.
15—25	2,085	2,939
25—35	3,401	6,378
35—45	1,791	5,566
45—55	86	380
15—55	7,363	15,265

Thus it appears that during the first child-bearing decenniad, 15—25, somewhat more than two-fifths of the childbed mortality is from metria or puerperal fever, but under this head all inflammatory disorders of the uterus are probably included. In the second decenniad, 25—35, rather more than one-half of the deaths of women in childbirth are attributable to metria. In the third decenniad, 35—45, rather less than one fourth of the deaths take place from metria, the proportion being 1,791 from fever to 5,568 from the other accidents of childbirth. In the limited number of cases occurring in the fifth decenniad, a still smaller proportion of deaths from metria is observed. It reresults that between the ages 15—35, women are greatly more susceptible of puerperal fever than between the ages 35—55. On the other hand, between the ages 35—45, and 45—55, while the chances of death from puerperal fever are diminished, those of death from the other accidents of childbirth are increased in a still greater proportion. The great era of puerperal fever is before the age of 35, when it exceeds one-third of the total deaths from childbirth. After the age of 35, the other accidents and disorders of childbirth largely exceed puerperal fever in importance, the proportion in the seven years being 5,998 from the ordinary accidents and disorders of childbirth, and only 1,877 from metria. I am not aware that the attention of obstetricians has ever before been drawn to these remarkable facts in connection with death from child-bearing. That they have a practical bearing of the first importance, is at once obvious.

We have seen that the great single cause of death amongst childbed women is metria, or puerperal fever. There can scarcely be any hesitation in declaring that the disease ought hereafter to be as absolutely extinguished in this country as the plague of former times. It stands in the same category as typhus, and the rest of the zymotic diseases, which we may reasonably hope are in gradual process of extinction by preventive medicine. This extinction, if possible, cannot but be hastened by the earnest direction of the professional mind to the subject, since it is one which is very much within the control of medical men. As regards cure, or effective treatment, the disease in its various forms is utterly beyond all the known resources of our art; and there is no reason to imagine that we shall ever deal with it effectually, save in the way of prevention. In this point of view, everything in the history of the disease leads us to the conclusion that its virulence and frequency may be moderated to almost any extent, or that it may even, in process of time, be entirely annihilated.

And, first, as regards the sporadic origin of this disorder. The state of the lying-in woman is one in which, as we have seen again and again in the present lectures, the blood and secretions are necessarily vitiated to a certain extent. Puerperal fever may almost be produced at will, by crowding a number of lying-in women together in the wards of a lying-in hospital. It is generated in individual cases, by inattention to the lochial and other secretions, the absence or neglect of ventilation, in the small rooms of the poor, where the lying-in chamber is often the abode of the rest of the family, and is used for all domestic purposes. In fact, where there is risk of typhus to the non-gravid woman, there is more than an equal amount of danger of metria to the puerperal woman.

In the way of infection and contagion, it may, I think, be demonstrated, that puerperal fever may be carried from one patient to another by the proximity of lying-in patients, and by attendants and nurses conveying the infectious principle from one patient to another. There can be no doubt whatever that the exposure of a lying-in woman to the influence of the fomites or other impalpable or material agencies, derived from erysipelas, typhus, hospital gangrene, scarlet fever, smallpox, decomposing animal bodies, especially of persons who have died from any form of fever or inflammatory disorder, and other conditions, conveyed to the lying-in woman by the breath of those about her, or the hands and clothes of her attendants, will produce the disease. When the disease prevails in lying-in hospitals, and acquires a certain virulence, it is apt to prevail epidemically, all the lying-in women exposed to the danger becoming affected; and it is believed to prevail in certain districts and seasons, as an epidemic apart from all influences of contagion and infection.

The prevention of sporadic cases belongs in part to the general sanitary questions of dwellings for the poor, draining, ventilation, water-supply, and other matters bearing upon the physical condition of the poorer classes of society; and in part to the attention given to cleanliness, the removal of morbid secretions, and other removable causes of disease, in individual cases. As regards lying-in hospitals, it may be questioned whether they have not proved in many respects an injury, instead of a blessing, to those classes they are intended to relieve, and certainly I believe the feeling of the profession is against any extension of the system of lying-in hospitals. They have demonstrated more emphatically than the facts derived from any other source, that puerperal fever is a contagious and a preventible disease. A large amount of the mortality from puerperal fever in large cities has occurred within their walls, and from these institutions it necessarily spreads by medical attendants, nurses, patients, and wet-nurses, to other lying-in women. It is evidently unsafe to congregate lying-in women, in any numbers, in the same building. This is the opinion of Dr. Robert Lee. Dr. Simpson has suggested that lying-in charities should consist of detached buildings rather than of hospitals. Dr. Ramsbotham declares himself very emphatically against such institutions, and relates that he once refused a valuable appointment in a proposed new charity of this kind. Drs. Lever and Oldham, when the managers of the splendid income of Guy's proposed to erect a new lying in hospital, exerted their influence against the origination of such a building. Dr. Copland, who for a long time held an appointment as consulting physician to a lying-in hospital, has given a very emphatic opinion respecting the dangers arising from such institutions. There can be little doubt that the suppression of such hospitals would effect a great saving of human life. No care that ever yet has been devoted can render the mortality in lying-in hospitals in this country, as favourable as the mortality amongst women confined under the most miserable circumstances at their own homes. Meantime, while lying-in hospitals exist, every care should be given to the ventilation of the wards, the allotment of sufficient space to each patient, and the removal of infected patients to separate wards. It has always been the laudable practice, when puerperal fever has prevailed in lying-in hospitals, to shut up infected wards, or to close the institutions altogether. What applies to lying-in hospitals, holds good also with respect to the admission of lying-in patients into the wards of general hospitals.

As regards the care of individual childbed women with reference to the sporadic development of metria, much depends upon the nurse. It is in this respect of the highest importance to have trained and educated nurses, understanding the subjects of diet and ventilation, and made well aware of the importance of cleanliness in all that relates to the management of the lochial and lacteal secretions. I have already referred to the relation of questions of drainage, the construction of dwellings, and other sanitary matters, to the sporadic production of puerperal fever. In this particular concern our profession is at present very much at the mercy of the public. We are not responsible for the great causes of zymotic disease which exist. With the improvements in our sanitary arrangements, puerperal fever will diminish like other diseases of the same class, or become far more easy of prevention.

When epidemic puerperal fever, or the conditions which give rise to it, exist, what can be done to prevent its development or extension? It has been proposed to keep lying-in women in suspicious circumstances, constantly under the influence of quinine, iron, or some other tonic or antiseptic remedy. But the extent of the powers of such medicines are matters rather of reasonable supposition or belief than of actual proof. I should be disposed to place great confidence, from what I have seen of its use, in the chlorate of potash as a prophylactic against puerperal fever, in doses of from five to ten grains three times a day. This drug appears to act by liberating in the economy, the oxygen and chlorine it contains.

In considering the spread of puerperal fever by infection and contagion, the different circumstances under which the poisonous element is circulated must be borne in mind.

It is obvious that women who are in the latter months of pregnancy, and in whom delivery may be expected from day to day, should be secluded as far as possible from proximity to patients suffering from the exanthemata, erysipelas, hospital gangrene, scarlet fever, putrid sore-throat, or any other disorder the miasm of which admits of conversion into the puerperal poison, and that any indirect communication by third parties or in any other way should be prevented to the greatest practicable extent. The relations of medical men, students, midwives, and monthly nurses, to the propagation of puerperal fever, require separate notice.

According to the present arrangements of our profession, there is no class of medical men exempt from the risk of conveying to puerperal patients, infectious or contagious matters from disorders capable of producing metria. Those who practise midwifery as a specialty, may meet with sporadic cases of puerperal fever capable of furnishing infectious matter, or they may be called to see cases of puerperal fever in consultation. Men holding hospital or dispensary appointments are also obliged to see the puerperal patients of such institutions. Surgeons in general practice, necessarily attend cases of infectious disease, convertible into metria, when conveyed to the lying-in woman. Surgeons holding hospital appointments, who perform operations and practise midwifery, as Dr. Simpson has forcibly pointed out, have to deal with lying-in women, and also with cases of an infectious and contagious nature, such as phlebitis or erysipelas. If students attend midwifery cases while their anatomical and surgical education is going on—and it is difficult to seclude themselves entirely from such subjects—they unavoidably expose patients to the risks arising from their dissections; from their attendance upon medical and surgical hospital practice; and also their pathological studies. Midwives frequently convey the disease from one patient to another, and the same may be said of monthly nurses.

Since it is impossible, or next to impossible, considering the frequency of infectious or contagious diseases, for any man in practice to escape entirely from the risks of infecting or inoculating lying-in women, especially when such patients are under circumstances favourable to infection or inoculation, the question arises as to the best mode of rendering these risks nugatory, or of destroying them altogether. In the Lecture on Puerperal Fever I have given the evidences which appear to me to prove that the blood and breath of the practitioner is a very common medium of infection. This would point to the propriety of neither going nearer to, nor remaining longer in, the vicinity of a patient suffering from puerperal fever, or any convertible infectious disease, than is necessary; and of not approaching so near to a recently delivered woman as to expose her to danger from the breath. Where the presence of infection is very evident, the propriety of changing the clothes is obvious, and generally practised; and many expose their clothes to the fumes of chlorine after exposure to risk. After touching any wound or purulent surface, the hands should be not merely washed, but washed in a solution of chloride of lime, or some other disinfecting fluid. It would only result in good and in confidence on the part of patient and practitioner, were the practice common, if the hands were habitually washed in a solution of chloride of lime before attending a labour, and, in suspicious circumstances, before and after every vaginal examination. The fingers of the practitioner are evidently a fertile source of contagion. Dr. Simpson compares the fingers of an accoucheur who has been touching wounds or pathological specimens to the armed points used in vaccination. The small amount of matter conveyed by the hand, which is capable of producing disease, is almost incredible. A practitioner has been known, to have an outbreak of puerperal fever in his practice—to have freed himself by absence from home, so as to have attended cases without risk—and then to have had a second outbreak after wearing a pair of gloves which he had worn during the first attack. It has been recommended that gloves should not be worn at all by accoucheurs, and certainly, considering the interests at stake, no precautions can be too minute under circumstances of suspicion. Keeping the nails closely cut, is another point worthy of attention. The condition of the utero-vaginal canal is, it must be remembered, the most favourable which can be conceived, for inoculation. The mucous surfaces are in a state of high excitement; abrasions and slight lacerations of the vagina and perineum are extremely common. The removal of epithelium from the surface of the os uteri, at the time of labour, is almost universal, and it is to this part, of course, that the finger of the accoucheur is necessarily directed during his examinations. With respect to the attendance of students on cases of midwifery, some time ought to be set apart for their attendance upon midwifery cases, during which they should neither dissect nor attend the wards of the hospital, or the deadhouse. The dangers arising from the attendance of students upon lying-in women, when they are dissecting and attending autopsies, is exhibited in the most startling form by the statistics of the great Vienna lying-in hospital. In this institution, in the six years from 1840 to 1846, 22,120 women were delivered. Of these, 2,260 died; the mortality being in the enormous ratio of 1 in every 10. The mortality has since been reduced to 1 in 74, and the reduction has dated from the time when Dr. Semelweiss enforced the regulation, that every student should, before and after each vaginal examination, wash his hands in a solution of chloride of lime, and also interdicted the students from touching dead bodies.

As regards the deaths arising from accidents and other disorders during childbirth, there is also much hope of diminishing the amount of mortality. Everything points to the importance of only allowing qualified persons or advanced students to attend women in parturition. In no other circumstance or operation whatever, where the mortality was 1 in 189, would ignorant women or unqualified persons be allowed to practise. The common feeling has been, that any one might safely attend a woman in middle life who had already borne children; but the tables I have given show that rather more than 800 women perish in England yearly from the various accidents and diseases of childbirth, between the ages of thirty-five and forty-five. The attention and anxiety of the practitioners are commonly given to the first labours; but statistics show unerringly that the greatest and most fatal risks from accidents, &c., attend the delivery of women who are mothers of families, and above the age of thirty-five. It is in these women that death occurs most frequently from hemorrhages, puerperal mania, rupture of the uterus, exhaustion, &c., while they are comparatively exempt from the danger of puerperal fever. On the other hand, our care in guarding young lying-in women from their greater risk of taking metria should be most unceasing. The proportion of deaths from hemorrhage is very large. As far as the statistics from which I have quoted are available, the deaths from flooding alone are more than 10 per cent. of the total deaths in childbirth. Now, there can be no doubt that, with the appliances and means we at present possess, this large item of childbed mortality might in the hands of educated obstetricians be greatly diminished, and that death from flooding ought rarely to occur. Another large reduction might be made by substituting the induction of premature labour, or turning, or the forceps, but especially premature labour, for craniotomy. By the employment of turning or the forceps, the mortality is considerably diminished; but by the induction of premature labour the risk of death to the mother from the performance of craniotomy becomes very slight indeed. We have seen that in almost all cases the induction of abortion or premature labour might, by the exercise of foresight, be substituted for craniotomy. Taking the annual number of deliveries—the proportion of craniotomy cases—and the scale of mortality from this operation, we have the data for an approximative estimate of the maternal mortality caused by craniotomy in England. This would amount to nearly 400 deaths per annum from this cause alone, all or nearly all of which might undoubtedly be averted.

In concluding the present course of lectures, I cannot but look forward to the time when the present mortality from child-bearing will be greatly lessened. This is a subject in which we of the present day must bear our part, and it is consolatory to know that every succeeding generation of students and practitioners will come to the work with added means of science and experience, until at length we may hope that no unnecessary mortality shall take place in parturition. Women, it has been remarked, were ordained to bring forth children "in sorrow," but certainly not in death.—*Lancet*, Dec. 27, 1856.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Mr. Crawford, the Sculptor's Case.—We have received the following communication in regard to this case from Prof. Wm. Gibson, dated—

London, *July* 10, 1857.

Dear Doctor: I send you this statement to use as you please. Truly yours,

Wm. Gibson.

In looking over, some time since, the New York *Evening Post*, I was astonished to find a letter of May 2, from my son, Professor Charles Bell Gibson, of Richmond, Virginia, in reply to one of Mrs. Louisa W. Crawford, wife of Thomas Crawford, Esq., the celebrated American sculptor of Rome, dated Paris, April 7, 1857, charging me with having seriously injured her husband by an *explorative operation.* I deem it necessary, in my own justification, to disabuse the American people on the subject; and in order to make my statement perfectly clear and intelligible to *non*-professional readers—*professional* ones requiring no elucidation whatever—I shall give a short history of Mr. Crawford's case. Whilst in Rome, last winter, I received from Mr. Crawford the following note:—

"*Tuesday, December* 2, 1856.

"Villa Negroni.

"My Dear Sir:

"Will you excuse the liberty I take in asking if you can make it convenient, any hour after eleven o'clock to-day, to call at my house, and give Dr. Smyth, who is attending me, the benefit of your advice regarding my eye. I fear this subject is becoming a serious one, and Dr. Smyth having heard of your *reputation*, is desirous of consulting with you. An answer will much oblige,

"Yours, very truly,

"Thomas Crawford."

I replied to Mr. Crawford's note immediately, and consented to meet Dr. Smyth at 12 o'clock the same day. Previous to examination of the case I said to Dr. Smyth:

"I resigned my professorship in the University of Pennsylvania, and my practice in Philadelphia, some months since, am entirely out of the profession, and do not wish to engage in any case whatever. I am willing, however, to make an exception in favour of Mr. Crawford. inasmuch as I look upon him, as a great artist, as an honour to my country, have taken a deep and abiding interest in his glorious achievements, and shall consider his loss a national calamity, should anything seriously befall him. Say to him, however, that I cannot regularly attend him, that my services must be gratuitous, that I will see him with you as often as I can, as a friend and countryman, and will do everything in my power to serve him as long as I remain in Rome, which may be only for a short time—for the sake of himseif and interesting family, now separated from him by the broad Atlantic, and unaware of his danger; which I take, from your account of it, to be imminent."

After minute examination and inquiry into the nature of the case, I remarked to Dr. Smyth: "It is evident that the eye, perfectly sound in itself, but pushed beyond the walls of the orbit more than half an inch, is acted upon by *pressure* from behind from a fluid or solid—that if by the former, an *exploring needle* might, by discharging it, cause the eye to resume its natural position, and be followed by a cure—that if, on the coutrary, *solid*, and, particularly, if of *malignant* character, no essential benefit can result from any treatment whatever, and that the case must, *necessarily*, in a few months, terminate *fatally*." Having obtained Mr. Crawford's consent to the use of the *exploring needle*, and being requested by Dr. Smyth to perform the operation, I engaged in it, the next day, with every precaution and with the utmost delicacy, and in a few minutes was able to ascertain, with the utmost accuracy, that there was *no fluid*, but a *solid* tumour, which not only filled up the posterior part of the orbit, but might possibly have its origin in the *brain*. In this state of the case I wrote to Dr. John W. Francis, of New York, an old acquaintance, an eminent physician, and the uncle of Mrs. Crawford. I wrote *cautiously*, not having *fully* made up my mind as to the *real* nature of the tumour, and not wishing to alarm Mrs. Crawford and her friends unnecessarily. To Mr. Hooker, the eminent banker of Rome, and the devoted friend of Mr. Crawford, I spoke with less reserve, and expressed my apprehension of the case being likely to terminate disastrously. In a short time I received a reply to my letter from Dr. Francis, and a postscript from Mrs. Crawford, thanking me in the kindest terms for the warm interest I had taken in Mr. Crawford's case, for my "*philanthropy*," &c. I wrote also to Mr. William Lawrence, one of the oldest and most eminent of the London surgeons, a gentleman of vast experience, and particularly skilled in affections of the eye and its appendages, stating Mr. Crawford's case and asking the benefit of his advice, and received from him in reply a most interesting letter, evincing great sagacity, but confessing his inability. from the peculiarity of the case and the complicated symptoms, to give a decided opinion. I need hardly remark that the small incision made by me through the skin and muscle of the upper eyelid, to admit of the easy introduction of the needle between the eyeball and upper orbitar plate, and the puncture with the needle parallel with the base of the orbit, healed in a very few days, and no material inconvenience or exacerbation of symptoms followed the operation, as has been stated; in fact, no injury was done or could be done; as there were no important parts in the vicinity of the operation which, with ordinary anatomical knowledge and care, could suffer without being followed immediately by hemorrhage, the formation of matter, the protrusion of a fungus, or other visible ill consequences. The truth is, the tumour, at the time of the operation, was rapidly upon the increase, and the symptoms which soon after displayed themselves would have been developed, there is reason to believe, whether an operation had been performed or not; indeed, it was not to be expected that a tumour, such as I soon after discovered it to be, should long remain quiescent. Mr. Crawford's friends were then told distinctly and unequivocally by Dr. Smyth and myself that little hope remained of his recovery. Nevertheless every artist in Rome, except his true and sensible friend Chapman, thought it impossible that so great a man as Crawford could die at all. Crawford himself would never listen to the suggestion that there was danger; and I doubt whether at this moment, low as I understand he is, he does not cling tenaciously to the belief that he will soon be well. That his case has been of several years' standing, he himself would never admit; that Mrs. Crawford knew to the contrary, and confessed it to their friend Mr. Terry, I have the authority of that gentleman for stating. At last it was determined in a nondescript consultation of artists and doctors, among whom were some very sensible men, that Mr. Crawford should go to Paris and put himself under the care of the most eminent surgeons of that capital. Previously, however, to his taking this step, great anxiety was expressed by some of his friends that the eye and the tumour should be *extirpated;* and Mr. Crawford, it was believed, would willingly have submitted to the operation. I strongly *protested* against it, and *positively* refused to perform it, stating that Mr. Crawford would not live, if performed, an hour—that he might live, if let alone, several months, and an opportunity be thereby afforded of seeing Mrs. Crawford and his family. Mr. Hooker, and nearly all his friends, particularly the artists, will bear testimony, I am sure, to my having taken this course; and *to myself more than to any one else*, is Mrs. Crawford indebted for the melancholy satisfaction of meeting her husband on this side of the grave. I need hardly remark that Mr. Crawford repaired to Paris, and placed himself under the care of surgeons of wide-world reputation, *all* of whom *concurred* with me in opinion, and *approved* of my practice to the fullest extent, as the following documents, kindly furnished in reply to the following circular addressed to them, will abundantly show:—

"*Campagne Diodati, near Geneva,*
Switzerland, June 7, 1857.

"Dear Sir—

"You had under your care some time ago Mr. Crawford, the celebrated sculptor of Rome, on account of a tumour in the orbit, behind the left eyeball. Will you be so obliging as to say whether you consider the disease at present, or from the commencement, of a *malignant* nature, and whether it could have been produced, or aggravated, by an *explorative operation*, performed with great care, in two places, between the ball of the eye and orbit, without being followed by hemorrhage or much pain, the wounds healing almost immediately by the first intention? Permit me also to ask if the exploring needle is not employed, all over the world, *justifiably and advantageously*, as a most important auxiliary in all doubtful cases, and whether the use of such needle can *convert a benign* tumour into a *malignant* one, and thereby produce a fatal result? I beg pardon for the trouble I give; and in asking a speedy reply to this letter, allow me to subscribe myself,

"Very respectfully yours,
"William Gibson, M. D.

"To Messrs. Velpeau, Nelaton, Desmarres, *Paris.*"

To this interrogatory letter I speedily received the following replies:—

"Much honoured Confrere,

"I saw Mr. Crawford twice only in consultation, at the commencement of this year, and it appeared to me that the tumour under which he laboured was of a *malignant* nature.

"In my opinion, it is *absolutely impossible* that an explorative operation could be the cause of such disease, or could change the character of the tumour. The exploring needle is daily employed by *all* surgeons in doubtful cases, without ever being followed by the slightest injury.

"Your's truly,
"Velpeau.

"*Paris, June* 10 1857.
"To Professor William Gibson."

"Dear Sir and honoured Confrere,

"I saw Mr. Crawford some months ago, and ascertained that he suffered from a tumour, which originated in the cavity of the orbit, and caused a protrusion of the eyeball. This tumour is of a *cancerous* nature, and I am sure it has always presented the same character. It developed itself towards the superior and inner angle of the orbit, in the bony tissue. The symptoms which have existed *for a long time* leave no doubt that the tumour has extended towards the interior of the skull; and this is one of the reasons why we have declared that no operation whatever could be reasonably attempted for the cure of the patient. As for the *explorative operation, it was utterly incapable of aggravating* the condition of the patient, which nothing in the world, it may be said, *could aggravate*, as the disease was *from the beginning incurable.* I do not think, moreover, that the degeneration of the tumour could have been *produced* or *hastened* by this operation. An *explorative operation* never produces such effects; and tumours, which sometimes have been supposed to have been *converted* into cancer, were *from the commencement really* cancerous; and I do not know of any fact that proves such transformation. I must add that *explorative operations* are made daily, and that the wounds from them are *insignificant* wounds, which heal in a few days. I think therefore that the aggravation which has been observed in Mr. Crawford's disease is an inevitable consequence of the *nature* of that disease from which he suffers, and that it can by no means be imputed to the operation. I assert this with the more confidence (*plus d'empressement*) as it is the result of *thorough conviction* on the subject; and I am astonished to be obliged to certify to a fact so very (*elementaire*) simple.

"Your devoted Confrere,
"NELATON.

"*Paris*, *June* 13, 1857.
"To Professor WILLIAM GIBSON."

"DEAR SIR:—

"It is with pleasure I answer each of your questions.

"1st. I think that Mr. Crawford's disease has been *from the commencement* of a *malignant* nature. M. Velpeau entertains the same opinion.

"2d. The *explorative* needle, in my opinion, and in that of *every one else*, can do no injury, if properly introduced between the globe of the eye and the walls of the orbit.

"3d. The same needle is daily employed for the purpose of throwing light upon the nature and treatment of tumours.

"4th. An *explorative operation* can never convert a *benign* tumour into a *malignant* one.

"Accept, sir, my respt'l salutations.
"DESMARRES.

"*Paris*, 14*th June*, 1857.
"Professor WILLIAM GIBSON."

Soon after my arrival in Paris, on the 23d of June, from Geneva, I called upon my friend Dr. Beylard, a native of Philadelphia, long resident in Paris, who, after having enjoyed the greatest medical advantages of that capital, now stands high in his profession, and is destined, ere long, to become—like Ricord, a Baltimorean—one of its brightest ornaments. Finding that he had been in attendance also upon Mr. Crawford, and was the intimate friend and correspondent of Mrs. Crawford, now with her husband in London, I requested him to furnish me with such document on the subject in question as he could honourably and conscientiously afford. The following note will show, like those of his distinguished compeers, how little I deserve the censure bestowed upon me by Mrs. Crawford:—

"*Paris*, *June* 27, 1857.

"DEAR DOCTOR:—

"I reply to your request as regards the *explorative* operation practised upon Mr. Crawford. My opinion is, that it was *necessary*, for the purpose of ascertaining whether the tumour developed behind the ball of the eye did not contain a *fluid*—cysts of the orbit being often cured by this means.

"As to the point of converting, by any *operation whatever*, a simple tumour into one of a *malignant* character, I do not hesitate to say, that I consider it an *utter impossibility*. I am perfectly convinced that the investigation made by you *could not*, *in the slightest degree*, aggravate the disease of our celebrated compatriot.

"Very truly yours,
"E. BEYLARD.

"Professor GIBSON, Meurice's Hotel."

On the 29th June, I called with Dr. Beylard to see my old friend Sichel—the greatest oculist, in my estimation, upon earth—who had recently recovered from a dangerous attack of pleurisy. In course of conversation, Crawford's case came up, when he expressed his astonishment at the treatment I had received; and upon the contents of the letters of Velpeau, Nelaton, and Desmarres being reported to him, said at once, in his peculiarly animated style, "My testimony, if you desire it, shall be at your service immediately." Upon my replying in the affirmative, and thanking him for his kindness, he hurried us into his studio and wrote the following:—

"MY DEAR PROFESSOR:—

"Mr. Crawford's affection when I saw him—and I only saw him once—seemed to me an exostosis of the bones of the orbit. I proposed a general treatment. *Whatever* operation you may have practised in order to explore the nature of the disease, and *whatever* may be *actually* its nature, I am *thoroughly convinced* that your operation can have had no unfavourable influence on Mr.

Crawford's local affection or general health.

"Believe me, my dear Doctor,
"Yours' very faithfully,
"SICHEL, D. M.

"Professor GIBSON,
"Paris, June 29, 1857."

It will be seen from the above statement and testimony how very unjust, to say the least, is the *charge* preferred against me by Mrs. Crawford, for whom and for whose husband I have always felt, from the moment of their affliction, the deepest sympathy. That she is capable of forming an opinion on a medical or surgical subject, intelligent as she may be, and I dare say is, in her own sphere, I cannot possibly admit; nor can it be reasonably expected that I should quietly fold my arms and suffer my reputation to be assailed, through the kink or crotchet of any one, without any effort whatever to defend it. Had the question, however, been brought before the *medical* profession in any part of the world, and particularly before the thousands of medical men throughout the United States I have educated, in conjunction with my distinguished colleagues in the University of Pennsylvania, who well know and can appreciate my position, I should probably have remained perfectly silent. But I am now writing for the American *people*, for my countrymen *out of the profession*, before whom I have been *painfully* dragged. Can I be accused then of egotism if I put to them the question: Is it possible that a *graduate* of the University of *Edinburgh*—a *house* pupil of Sir Charles Bell—an attendant upon the lectures of Abernethy, Sir Astley Cooper, Lawrence, and a host of other distinguished men—a Professor of Surgery of thirty-five years' standing—as the successor of Dr. Physick in the University of Pennsylvania, recommended by him to the trustees of that University to fill the chair which he himself had so long filled with the highest honour to himself and his country—an army surgeon during the whole of the American war of 1812—a surgeon and clinical lecturer for twenty-five years in the Philadelphia Hospital (one of the largest hospitals in the world, styled by Miss Martineau, "*a palace for paupers*,")—the author of extensive surgical works, well known in Europe and America—a surgeon who has performed hundreds of times, successfully, the most difficult and dangerous operations, in public and in extensive private practice—one whose hand has never been known to tremble, or sight to fail—could be guilty of the irresistibly ridiculous charge imputed to him! I repeat, I put it to the American *people*—(a people with more native talent and tact and better *practical* education than any other people upon the face of the globe; a people from whom Crawford sprang, and from a poor, friendless, self-educated boy, raised himself by undaunted energy and perseverance to a height only exceeded, perhaps, by that of Canova or Thorswalden, and at last has fallen, not through any fault or negligence or ignorance, or want of sympathy on my part, but from *exertions* of his own, which have addled the inmost texture of his brain, and converted its fine fabric into a mass of morbid degeneration, which God only in his infinite wisdom is able to remove)—yes, to the American people (who from Maine to California have heard of Crawford's noble works, and who would execrate the man whom they could *imagine* to have been, even remotely, the cause of his death,) whether, independently of the testimony I have produced and could produce to an unlimited extent, and that with all my opportunities and experience, I could be such a dolt as to have inflicted injury by an operation any surgical tyro could have executed with perfect precision and ease?

I have noticed this charge, I may also add, not on my own account merely—being fortunately independent either of public approbation or censure—but for the sake of that profession which I still dearly love and honour, and to which I have devoted the best energies of a somewhat long, and, I trust, useful and conscientious life. But what encouragement can be held out for young men of the present day, too often "struggling for life among the waters," to enter upon a calling the most difficult, responsible and ill re quitted of all others, and after having reached its highest honours, to find themselves undeservedly condemned, and perhaps executed, and that in too many instances, after *gratuitous* services, rendered from the purest and most benevolent motives.

I hope I have said nothing throughout this statement, bearing upon the *motives* of Mrs. Crawford, which I certainly do not mean to impeach in the slightest degree, or unbecoming to me as a gentleman. I sympathize deeply with her, as a devoted wife and mother, and as a lady of highest character, exceedingly beloved by her friends, and cherished and admired wherever she is known. She has feelingly invoked, in her published statement, the assistance of a "most merciful High Priest, a good and gracious God," to whose will she professes to bow with humble resignation. To this I respond, from the bottom of my heart, *Amen*, and with the utmost commiseration for her suffering husband, now slowly winging his way to a better world, and for herself and "shorn lambs,"

I respectfully subscribe myself,
William Gibson, M. D., LL. D.,
"*Emeritus*," *Professor of Surgery in the University of Pennsylvania.*

Medical College of Ohio and Miami Medical College.—These two schools have amalgamated, the name of the former being retained; and Professors Judkins, Comegys, Foote and Mendenhall of the latter, becoming members of the Faculty.

New York State Lunatic Asylum at Utica.—We regret to have to record the destruction, by fire, of the main building of this valuable Institution. It is supposed to have been set on fire by an individual who had been a patient. The large barn and stable belonging to the Institution was also subsequently set on fire and destroyed.

Jefferson Medical College.—Dr. Thos. D. Mitchell has been elected Professor of Materia Medica in place of Dr. Huston, who lately resigned.

Medical Department of the University of Louisiana.—Dr. J. C. P. Wederstrandt has resigned the Professorship of Anatomy, and Dr. J. C. Nott, of Mobile, Ala., has been elected to fill his place.

Port Physician for Charleston, S. C.—Dr. W. C. Ravenel has been appointed to this post, in place of the late Dr. Thos. Y. Simons.

University of Louisville.—The new edifice for the medical department of this Institution is in progress of construction, and will, it is said, be completed in season for the next session.

New Orleans School of Medicine.—Dr. A. Foster Axson has resigned the chair of Physiology in this school, and Dr. A. Peniston has been elected in his place. Dr. T. S. Clapp has been appointed adjunct Professor of Anatomy in place of Dr. Peniston, promoted.

FOREIGN INTELLIGENCE.

Chloroform in Surgical Operations.—Mr. Le Gros Clark, one of the Surgeons of St. Thomas's Hospital has communicated to the *Lancet* (June 20, 1857) the following case of lithotomy, the fatal result of which he attributes to the effects of chloroform:—

"W. S., aged 20 months, was admitted into St. Thomas's Hospital, under Mr Le Gros Clark, in August, 1853. The child was pale-faced, thin, and emaciated, and had been in the habit of drinking gin and porter in considerable quantity. He had suffered from symptoms of stone since birth. During six weeks his general health was attended to, until he became so altered as to present the appearance of a healthy child. He was cut on September 24th. Half a drachm of chloroform was administered on a sponge, and inhaled for one minute and a half, when he became rather suddenly completely comatose, snoring loudly; respiration slow but regular, as was also the pulse. The breathing, in fact, became so *suddenly* stertorous, that the chloroform was removed immediately, and not afterwards applied. There was scarcely any blood lost at the operation or afterwards. He continued asleep for twenty minutes, and was then roused by applying cold water to the face. He, however, continued pale, depressed, and languid. He rallied slightly towards evening, but still appeared more depressed than he should have been from the small amount of blood lost. On the evening of the day following the operation there was more reaction. He took nourishment, and was carefully watched, sleeping a good deal through the succeeding night. After taking some milk at about six o'clock he went to sleep again, and was found snoring at seven. He could not be roused, and was soon after in a state of profound coma. Every measure was resorted to for the purpose of arousing the little patient, but he soon after breathed his last.

"*Post mortem Examination.*—Head not permitted to be examined. All the abdominal viscera healthy, except the kidneys; they were pale, bloodless, and considerably damaged by interstitial deposit of fibrinous material, both in the cortical and medullary parts. The incision which had been in the operation had not wounded any structure further than was intended. The incision into the prostate was limited, and the parts in the immediate vicinity of the wound were perfectly healthy."

In his remarks, he says: "I believe that this infant might have rallied from the shock of the operation if chloroform had not been administered, though he would probably have succumbed to renal disease at a future period."

"Further," he adds, "I am satisfied, from careful examination, that the depressing effect of chloroform is often far more prejudicial to the patient than the shock to the nervous system caused by the actual pain of an operation; and hence, patients are often much more fretful and intractable after an operation when this anæsthetic has been inhaled, than when operated upon without it. On this ground alone I object, in many instances, to its administration. It is true that it may be distressing to a bystander to witness pain which he naturally thinks might be spared to the patient; but I apprehend it is the duty of the surgeon to regard the life of his patient as most sacred, and, acting upon his own convictions, to sink all minor considerations, and look to the issue of the case as that which should guide his proceedings when operating. For the same reasons I endeavour to dissuade my patients from inhaling the anæsthetic when I am about to operate for hernia. If adult patients, who are the subjects of stone in the bladder, insist upon having chloroform, after I have explained my objections, I acquiesce, as I regard the moral effect of *anticipating* a painless operation as an important consideration."

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General Anæsthesia.—Dr. KLAATSCH relates the case of a widow, aged 58, who applied to him on account of severe pains in the extremities, and a powerless state of the upper ones, which prevented her from grasping any object firmly. She also complained of an unrelievable sense of hunger. In other respects, with the exception of occasional headaches, she was quite well; she had had nine children, still menstruated moderately, and exhibited no symptoms of hysteria. A charwoman by occupation, she attributed her present symptoms to chills. An examination exhibited no appearance of paralysis, but the sense of feeling was lost over the entire skin and orifices of the mucous membranes, and could not be excited by pricking with needles. No unpleasant feeling was excited by irritating the nares, the conjunctivæ, or the mucous membrane of the mouth, and the fumes of ammonia produced no effect upon the respiratory organs. Boiling water and a prolonged application of the electrical pencil alone induced some feeling on the surface. The sense of contact was retained, and she was enabled to exactly indicate the spots at which she had been pricked. The power of distinguishing between differences of temperature was abolished, but the muscular sense remained, as she was conscious of the position of her limbs, and could determine the weight and size of a body by grasping it. The senses of taste and smell were lost, and both hearing and vision were somewhat defective, although she had not before observed diminution in their power. The reflex excitability was very slight, the rapid application of hot sponges exciting but slight movements; tickling the fauces did not induce any disposition to vomit.

After the patient had remained some time under observation, and her condition was found to be stationary, the Russian vapour baths were tried, but without any avail. The electrical pencil was next applied to the two forearms and the left side of the face; and after three *séances*, not only was feeling restored to these parts, but it was recovered also by the remainder of the surface and the mucous membranes; taste and smell were restored, and the sense of unappeasable hunger disappeared.

Most of the analogous cases on record have been observed in hysterical subjects; but in this one no symptoms of hysteria whatever were present.—*Med. Times and Gazette*, June 30, 1857, from *Deutsche Klinik*, 1856, No. 45.

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OBITUARY RECORD.—Died, on the 19th June, at Clapham, Sir JAMES EYRE, M.D., aged 66 years.

——, at Lacken, near Brussels, on the 15th of June, Sir ROBERT CARSWELL, Physician in Ordinary to the King of the Belgians, and formerly Professor of Pathological Anatomy at University College, aged 64 years.

THE MEDICAL NEWS AND LIBRARY.

VOL. XV. SEPTEMBER, 1857. No. 177.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Excision of the Hip joint.—On the 27th of June Mr. Bowman, at King's College, excised the hip of a child five years old, but the subject of disease of the joint for two years. The disease had run its course, and the joint was almost anchylosed by firm tissues, but fixed at right angles to the trunk; sinuses also were present behind the joint, discharging considerably. It appeared to be a case eminently favourable for removal of the diseased bone. This was accomplished under chloroform, when the head of the bone was found to be almost entirely gone, partly from absorption and partly lying in detached pieces in the cavity of the acetabulum—a feature of some interest. These loose fragments were removed, and the acetabulum scraped. The horizontal ramus was found to be bare of periosteum, and the great femoral vessels were distinctly felt during the operation. Mr. Bowman remarked that the head of the bone had not been dislocated here, but the limb had got in a bad position, and that there was a chance of the child's recovery, although the disease of the pelvis was extensive. Bone, however, may be bare, and not in a state of necrosis. This child was placed in a Heath's swing for supporting the entire body, and is going on well. We hope to revert to this and Mr. Hancock's case again.

On the 7th of July the head of the femur was excised by Mr. Holt, at the Westminster Hospital, from a child six years old, who had been in the hospital for six months, with swelling of the joint, abscesses, fistulæ, &c., discharging up to the present time. The head of the bone could be felt through one of these openings. It was presumed there was no perforation of the pelvic bones, but in the course of the operation the acetabulum was found much diseased and not

Published monthly by BLANCHARD & LEA, Philadelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage.*
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perforated. Excision was performed by one incision in the line of the femur, and another running backwards from it, the head of the bone being sawn off with a butcher's saw. The acetabulum was carefully freed from disease by the gouge. The little patient has been going on well since the operation.—*Lancet*, July 25, 1857.

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Resection of the Elbow in three Cases.—There were two cases at University College Hospital of disease of the elbow-joint which were submitted to excision by Mr. Erichsen on the 8th of July, one in a girl, the other in a middle-aged man. The girl was ten years old, and her left elbow had been diseased for the last eight months. Fistulous openings were present on the outer side of the joint, which were freely suppurating, and associated with swelling. The shape of the swollen elbow, together with its general appearance, gave the true characteristic form of elbow-joint disease. A longitudinal incision was made at the back of the joint, with a short transverse one running at right angles to this, towards the outer side, and with a butcher's saw excision of the ends of the bones was accomplished, all being diseased, the head of the radius but slightly so. There was a quantity of plastic material about the joint, which had all the appearance of strumous degeneration. The elbow of the man was not so much swollen as that of the girl; it had been diseased nearly three years, bare bone could be felt through fistulous openings, and there was no doubt whatever that the joint was implicated. For the last two or three months he had suffered much from it; there was a good deal of mobility, but no grating about the joint, and it often happens, as every practical surgeon knows, that there is more disease present than the external appearances would lead one to suppose. The left arm was also implicated in this instance. The same incisions were made as in the previous case, and excision accomplished with the use of the same saw. All the articular structures were diseased, and most of them in a state of pulpy degeneration.

We have seen this operation practised a great many times lately; every patient appears to be doing well. On the 7th of July, the day before the above operations were performed, Mr. Hillman, at the Westminster Hospital, excised the elbow of a boy three years and a half old, which had been diseased for nine months, with caries of the bones, thickening and infiltration of the soft parts, and fistulous openings. Excision was affected by means of a single longitudinal incision, and the diseased ends of the bones sawn off, the wound being then closed with interrupted sutures. This child is doing very well.—*Lancet*, July 25, 1857.

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Anchylosed Knee; Excision of the Joint in a single wedge-shaped Piece of Bone.—The explanation of this is at once afforded when we state that the joint was firmly anchylosed by bony union, and, to a certain extent, flexed, in a girl whose knee had been diseased for the last ten years, the disease beginning in the bones, proceeding slowly, and likely ultimately to destroy the patient. She had been a great sufferer, anchylosis had ensued, but she was convinced the disease was not cured, and came up to town to see Mr. Fergusson, stating that amputation had been advised, but her wish was to have the joint excised. He thought it a proper case for that operation, and performed it on the 18th of July. He remarked, that a patient had a better chance of life by the operation of excising the disease of the knee-joint than by amputation, an opinion, he said, which other surgeons had come to besides himself. Ample experience had now proved (in upwards of 100 cases) that death was not so likely to happen.

The operation here differed from that we had been in the habit of seeing. Most generally there is no anchylosis; but as the joint was firmly anchylosed here, a thick, wedge-shaped piece of bone was removed in the same manner as that recommended by Dr. Rhea Barton, of the United States, in joints in this condition. The wedge here comprised the fused bones entering into the articulation, and permitted of the most perfect apposition of the cut surfaces. If the knee had been perfectly sound, this operation would have been perfectly justifiable according to the views of Dr. Barton; but as it was diseased also, it was rendered the more so. We hope this case will do equally as well as the others.—*Lancet*, July 25, 1857.

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Excision of the Knee in a very young Patient.—This was upon a little boy aged four years and eight months, in the Westminster Hospital, whose knee had been injured in Scotland while travelling with his mother, which injury was followed by inflammation and abscesses in various places around the joint, with subsequent fistulous openings. Mr. Holt looked upon excision of the joint here as the only course likely to prove of service, and performed the operation on the 30th of June, saving the patella in the anterior flap. A slice was taken off the lower end of the femur, which, when detached, permitted a piece of necrosed bone to drop out of a cavity in the outer condyle, which, curiously enough, had formed a sequestrum in that situation, similar to two or three instances which we have recorded on previous occasions. The cavity was, however, well gouged out; a slice of the tibia was removed, as well as much diseased, soft material, and the leg was put up in a Price's splint. Since the operation the little fellow has gone on without a single bad symptom, and no doubt a most excellent cure will be accomplished. Mr. Holt's previous case of excision in a woman (page 10 of the present volume), performed the week before, is likewise progressing most favourably.

In regard to the age of this child, we may remark, that it is the earliest but one in which this operation has been attempted in any of the London Hospitals, although Mr. Butcher, of Dublin, in his memoir on *Resections of the Knee-joint*, mentions cases in which it has been performed at four and a half, five, six, and seven years. The earliest age was four years, and that was a case in which Mr. Fergusson performed resection of the knee on a boy on the 16th of December, 1854. The condition of one of the condyles in Mr. Holt's little patient we hope will not interfere with the curative process.—*Lancet*, July 25, 1857.

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Uterine Polypi attached at both Ends.—A single woman, aged 43, presented herself in Dr. West's out-patient's room at St. Bartholomew's, the other day, complaining of having suffered repeated floodings. The first had occurred about two years ago, and since then it had been repeated every five or six months. On examination the os uteri was found open and its lips thinned. The tip of the fore finger was easily admitted into the cervix, and just within were felt some hard knotted masses, about the size of hazel-nuts, firmly attached to its sides. They were not pendulous, and appeared to be fixed at each end, although bulging in the middle. The body of the organ appeared to be considerably enlarged, and was not improbably occupied by other polypoid growths. Dr. West remarked that the case illustrated a very troublesome form of the mucous polypus, that, namely, in which small outgrowths from the mucous membrane of the cervix take place, and instead of becoming pedunculated, retain their attachment, both above and below, much in the same way as do the carneæ columnæ in the heart. He was in doubt as to what was the best mode of treating such cases; they often gave much trouble from bleeding, and were not accessible, like others, either to the ligature or the scissors. He thought that the only way was to wait until they became protruded and acquired pedicles, and then to remove them. Meanwhile much benefit might be obtained by the use of astringents, so as to harden the exterior and lessen their proneness to bleed. An alum lotion was ordered in the case under observation. —*Medical Times and Gazette*, May 23, 1857.

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Lecture on Cancer Cures and Cancer Curers. By T. Spencer Wells, F. R. C. S.

Gentlemen: So much has been said lately about certain pretended cures of cancer, and so much interest has been excited by trials of a variety of caustics, with the hope that they might replace the knife in the removal of cancerous tumours, that I think you should be acquainted with the present state of the question. I shall, therefore, devote this lecture especially to an account of some of the persons who have been most notorious as "Cancer Curers," making a few remarks on the relative value of the knife and caustics in the treatment of cancer, and conclude by pointing out such means as may enable you in many cases to dispense with either one or the other.

The cases you now see are, I presume, chiefly in hospital practice, where you are not likely to meet with the "cancer curers." I may as well, therefore, give you one or two instances of the sort of cases you may meet with in private. In the year 1853 I was sent for to see a gentleman well known in the higher ranks of London society. He had a malignant tumour beneath the angle of the left jaw, and his case is so excellent an example of the way in which people with cancer run about, first among the surgeons and then to the cancer curers, that I will relate it at some length. This gentleman first complained of a sore in the inside of the left cheek. He fancied he had bitten it. Then it was thought that a decayed tooth had caused it, and the tooth was extracted. Then caustic was used. Still it did not get well, and Mr. Fergusson was consulted. He excised the diseased part; a good deal of bleeding followed, and styptics were used freely. Some time after swelling came on beneath the jaw, and Mr. Lawrence was consulted. He said the disease was malignant, advised attention to the general health, and a course of sarsaparilla. Then I was called in. The skin at that time was on the point of giving way. I employed congelation by Dr. Arnott's process. This did some temporary good. It gave relief to pain, and I felt pretty sure that it retarded the growth of the tumour. However, the patient was not content with that, and Dr. Marsden was sent for. He advised a very generous diet. Soon after this the skin gave way, and carrot poultices were used. Then came the turn of the cancer curers. Dr. Pattison was sent for, and had sense enough to see that he could do nothing, but made the most of the case, of course, by saying that if he had been called in at first he should certainly have effected a cure. Then a German empiric was heard of who was doing wonders somewhere on the Rhine, and he was written to. He offered to come over for five hundred pounds, and ultimately an arrangement was made to give him three hundred. He came, saw, and conquered—not the disease, but the patient. He applied a very strong caustic one Monday; on the Tuesday it had destroyed the coats of a large artery, which gave way, and the patient bled to death in a very few minutes.

Every one who has seen much practice in town could tell such stories as these, but one I have heard Dr. Jenner relate is most striking. He was called one morning, seven or eight years ago, to see a lady who was said to have fainted. He found a lady dead in bed, and a cancer curer just about to reapply a dressing upon the breast of the dead woman. This person was so ignorant of medicine that he did not know she was dead; he was horror-struck when Dr. Jenner told him so, and had just before assured the husband that his wife was going on well, and would soon be cured. The quack was not punished. The husband and friends were ashamed of having been duped, and they kept quiet.

Hume is not the first nor the only philosopher who has remarked how constantly mankind is deceived by the very same tricks played over and over again. "In spite of all warning, we see one generation after another, with their eyes wide open, walk into the same gulf of fraud, quackery, and imposture." This is especially true in relation to medicine. Large fortunes have been made by the sale of a single nostrum. Perkins sold thousands of his "tractors" at five guineas a pair. Mesmer, and Deslon his pupil, magnetized many thousands of pounds into their pockets. The fortunes made by Mayersbach and Schweinfurth in London in the last century were splendid, and at the present day more than one empiric has the art of attracting crowds from every part of Europe, to some obscure German village. Some of these people may not do much absolute harm, but we are not without instances of victims to quackery in every class of life. Horace Walpole gives us a list of several distinguished sufferers. "Sir Robert Walpole," says Horace, "was killed by a lithotriptic medicine; Lord Bolingbroke by a man who pretended to cure him of cancer in the face; and Winnington died some time after, by the ignorance of a quack who physicked and bled him to death in a few days for a slight rheumatism." There is no man now in large practice who could not add to this list some victim of the quackish follies of the day; and it becomes our duty to inquire why the public are so apt to think favourably of those who profess to possess secret remedies for diseases which are considered by regularly educated members of the medical profession to be incurable.

Now there are various reasons for the success of empirics; but the principal reason is, that in many cases where honest men give no hope, the quacks promise health and life; and the patients, like drowning men, catch at every twig and shadow. Then there is the love of novelty, and the benevolent desire to promote anything which promises to relieve pain or save life; and an English feeling of giving fair play to everybody, and not allowing any class of men to exercise a monopoly of the healing art. Then self-love comes into play. People are apt to be led away by confident assertions; they espouse a scheme warmly, and say so much in its favour, that when the bubble bursts they find it difficult to confess their error. When the imposition is discovered, the partisan is ashamed of having been duped, and holds his tongue. Even those who have suffered both in health and pocket think it better, for the sake of their own reputation as sensible people, to keep quiet. Probably such reserve would be less frequent, if it were considered that others suffer from a perpetuation of the delusion, and the deceptions would be acknowledged as soon as discovered. This duty, however, is overlooked; for while actions for malpraxis are not unfrequent against medical men, it is rare to find an empiric arraigned. Yet the late Lord Gardestone took the trouble to inquire for a number of persons who had actually attested marvellous cures, and found that more than two-thirds of the number "died very shortly after they had been cured;" and I shall show you presently that we are not without similar results of equally marvellous cures in our own day. I think this should teach us all a lesson. We have chosen the profession of medicine. It is our duty, our business, to study how to cure disease; and we ought never to look upon any disease as incurable, never to give up any case as entirely hopeless; for "the extinction of hope is the extinction of endeavour." Let me impress upon you, then, the duty of looking upon diseases commonly considered incurable in a more hopeful spirit, regarding them only as incurable because our art is imperfect, and of searching diligently for a remedy which may remove the imperfection. We may thus keep hope alive, we may alleviate where we cannot cure, soothe where we cannot save; and even if the patients are not directly benefited, their indirect gain will be great if they be preserved from the snares of ignorant impostors.

There are some special reasons why, of all the different classes of empirics, the "cancer curers" should attract a large share of public attention. Cancer has been too generally treated and regarded by medical men as incurable, and the frequency of the return of the disease after the removal of a cancerous tumour by the knife is confessed by all honest men. Then there is the natural fear of the knife; and, on the other hand, the bold assertions and confident promises of the cancer curer. These persons all tell the same story. They exaggerate the pain and danger attending excision; they endeavour to persuade the public, and even their patients, that the use of their caustics is not attended with much pain, and with no loss of blood. They call innocent tumours cancer. They conceal unsuccessful cases; so do those who are ashamed of having been imposed on; and medical men will not incur the charge of jealous rivalry by making them known. Lastly, they assert that, while relapse is the rule after excision, it is the exception after the removal by their caustics; and they have a theory, which looks plausible enough to the public, explaining why this should be: they say they remove the roots, which the knife does not.

This notion of the *roots* of cancers, leads me to say something about Plunket and Guy, cancer curers of the past century, who adopted it, just as it has been adopted by two American physicians, Dr. Pattison and Dr. Fell, who have treated cancers by secret remedies in London for some years past. The notion is, that their applications not only destroy the tumour itself, but penetrate, by a sort of intelligent power, or elective affinity, in certain directions, corresponding exactly with these supposed roots of the cancer, eating away or drawing out those roots, without affecting the sound flesh into which they are ingrafted. On removing such tumours they show filaments of hardened cellular tissue, or portions of subjacent muscle, keeping up the connection; and on the tumours they preserve in bottles, they show similar prolongations, or shreds, hanging into the spirit in which the tumours are preserved. These are, in all probability, merely portions of the surrounding tissues which have been destroyed by the action of the caustic. Possibly these supposed roots may have given rise to the term "cancer," the crab holding firmly with its claws the prey it had grasped. However this may be, you can see at once how likely such reasoning is to affect the imagination of patients.

Plunket practised as a cancer curer in London, in the early part of last century. He is said to have known little or nothing of surgery in general, and to have practised from the traditionary directions of his namesake, formerly an empiric in Ireland, who left the receipt for his medicine, with directions for its use, to Steevens's Hospital. Guy, who was a member of the "Corporation of Surgeons," purchased the secret of Plunket about 1754, and in his account of the medicine says it had been known by the name of "Plunket's Poultice," and had been used by Plunket and his ancestors for more than a century. A controversy took place between Guy and Gataker, and in the *Lloyd's Evening Post*, March 5th, 1760, old Plunket gives his own receipt, as follows:—

Crow's-foot, which grows in low ground, one handful,
Dog fennel, three sprigs, } well pounded.

Crude brimstone, three middling thimbles-full.

White arsenic, the same quantity. All incorporated well in a mortar, then made into small balls, the size of nutmegs, and dried in the sun.

Sir Charles Blicke, with whom Abernethy served his apprenticeship, used Plunket's caustic very much in the treatment of cancerous sores, and his pupils used to be employed in gathering ranunculus and dog fennel, and making them into the paste.

It is curious to remark how imitative even great discoverers may be. The escharotic effects of arsenic had been known to the Greek and Roman physicians—they had not been forgotten in the Middle Ages. The mineral had been used for centuries in the removal of cancerous diseases. Plunket adds some crow's-foot and dog fennel to it, and becomes a great cancer curer in London. The chloride of zinc is proved to be an excellent caustic, by Hancke, Canquoin, Alexander Ure, and others. They even use it to remove malignant growths. Dr. Fell adds some *Sanguinaria canadensis* to it, and four gentlemen of the very highest character and professional position, expressing no disapproval of the use of a secret remedy, and without trial of the unaided powers of the vegetable, publish a certificate on Dr. Fell's "mode of treatment," complimenting it as "ingenious, safe, and easy of application."

It was Guy's caustic, or rather the Plunket's paste, that killed Lord Bolingbroke, and many others were poisoned by the local use of arsenic; yet this did not prevent Lord Arundel from buying the receipt of the wife of a blacksmith, so ignorant that she could not sign her name, but a noted cancer curer, named Elizabeth Fellow. This was long known as Lord Arundel's Cancer Cure. It was an arsenical powder, and a wash of corrosive sublimate, and no doubt killed a great number of poor women. However, like Plunket's paste, a great many cancerous and other tumours were removed entire by it; and Mr. Justamond, who was surgeon to the Westminster Hospital some seventy or eighty years ago, tried them both very extensively, arriving at the conclusion that the advantage gained did not compensate for the risk incurred. It is curious to find how Mr. Justamond anticipated much that has been going on in London during the last three or four years by cancer curers, and it may be worth while to read you rather a long extract from a pamphlet he published in 1780, giving an account of his experiments.

After describing various methods he had used without success, he mentions a case in which he resolved to attempt extirpation by the arsenical caustic. "My patient was extremely timorous, and would by no means be persuaded to submit to the operation by the knife. She had a very hard, stubborn scirrhus in the right breast, just above the nipple, of the size of a small apple, and beyond this, a small indurated gland under the axilla. The arsenical preparation I used in this case was composed of one-third of antimony and two-thirds of white arsenic, fused together. This being reduced into impalpable powder, a few grains of it were mixed with as much powdered opium. But as the skin was entire, and as I knew the arsenic would not act through the cuticle, the day before this powder was applied I rubbed the whole surface of the gland gently with the lunar caustic. By this contrivance the cuticle was easily separated next day, when mixing a small quantity of the powder with part of the yelk of an egg, so as to bring it to the consistence of an ointment, I spread this upon a pledget, cut to the size of the gland, and applied it to the whole surface. The pain was very great for the first four-and-twenty hours, but after that subsided. I left this first dressing on for several days, when seeing it ready to drop off, I removed it, and found that all that part of the skin on which the caustic had been applied was cracking all round, and the tumour beginning to separate. In expectation of facilitating this separation, I made a few scarifications on the destroyed surface, and filled the crevices with more of the powder, applying over it a pledget of the same kind as the former. But this second application did not, as I imagine, produce any effect, for it caused no pain. I then waited a few days to observe what would happen. The separation began to take place more evidently at the edges, which now looked florid, though the tumour did not yet seem ready to come away. To hasten this event, I judged it proper to put some of the powder all round the separating edges, and as low down as it could be insinuated between the diseased gland and the sound skin. I soon found that this contrivance had its effect, for the pain it occasioned was more violent than that produced by the first dressing. I was, however, obliged to repeat the application of the powder to different parts of the edges at intervals, but never in so large a quantity as before. By this method the separation of the tumour was effected in little more than two months, and the gland came out as entire as a nut out of a shell, or as if it had been cleanly dissected with a knife. The small gland under the armpit I had put nothing to, thinking it would dissolve by the suppuration of the larger one, but in this I was mistaken. It still remained, but this circumstance did not prevent the wound made by the separation of the larger gland from healing very fast after it had come out." Mr. Justamond says he saw this patient a year and a half afterwards in perfect health. He explains the separation of the diseased gland from the surrounding parts by the action of the arsenic on the sound skin when deprived of its cuticle, "bringing on inflammation and suppuration in the cellular membrane all around and underneath the diseased gland, which is thus forced out entire, and unaffected by the caustic;" and he adds, that if any one wishes to separate the whole gland at once, "he must extend the application all over the indurated part, after having deprived the surrounding skin of its cuticle, either by a blister, or by the method made use of by me in the above instance, which I think preferable, as being less irritating. Perhaps it may hereafter be found only necessary to make a circle round the whole tumour for the application of the arsenical caustic."

So you see the modern cancer curers have not taught us anything new. They have not taught us how to remove cancer by caustics. They have not taught us to discard arsenic. We had done that long ago, except in those cases of small superficial malignant ulceration, in which, in a dilute form, it is still the best remedy known. They have not given us any new caustic, and it remains to be seen whether they can show that their caustics, as prepared and used by themselves, have any advantage over the knife. To settle this question we cannot do better than examine the results of the cases of Landolfi, Pattison, and Fell, as recorded by themselves.

Landolfi, a Neapolitan physician, may be looked upon as the prince of the cancer curers. He has been decorated with orders of knighthood by sovereign princes, has been alternately flattered and abused, and has made an immense fortune. He made no secret of his plan. "Landolfi's paste," as his caustic was called, was composed of equal parts of the chlorides of zinc, bromine, gold, and antimony, made into a paste with flour or liquorice powder. Sometimes he used the chloride of bromine alone, using it both externally and internally; and when the slough had been formed, he used lettuce poultices till it separated. There can be no doubt that Landolfi removed an immense number of cancerous tumours by his paste in Italy, Germany, and France, and that healthy granulations sprung up, and firm cicatrices very often resulted. He used to assert that out of four thousand cases of cancer he had treated, the disease had not recurred in three thousand. This is what he *said*. He never offered anything like *proof* of the truth of this statement; and when his caustic was tried in the hospitals of Vienna and Paris, the conclusions arrived at were that it was decidedly inferior to the chloride of zinc. Landolfi went himself to Paris, and a number of patients were treated by him in the Salpêtrière, under the inspection of a committee of hospital surgeons. Their report was published, and my colleague, Dr. Deville, has just favoured me with a copy. The conclusions are, that the chloride of bromine, which is the only peculiarity in Landolfi's treatment, is quite useless as an internal remedy; and that locally it only acts as a blister, raising the epidermis, and exposing the denuded part to the action of the chlorides of zinc and antimony; acting, you observe, just as the ranunculus did in Plunket's paste, the nitrate of silver as used by Justamond, or like any common blister. The committee reported that the pain produced by this caustic was excessive, and that it did not secure the patients from the danger of erysipelas or hemorrhage. Landolfi does not appear to have been more successful in Germany than in France. In November, 1853, he was called to the reigning Duchess of Anhalt-Cothen to remove a cancer of the breast. In January, 1854, Dr. Brunn, a member of the Superior Medical Council of the Duchy, published a pamphlet on Landolfi and his method, in which he announced his success as complete; yet on the 13th of July, 1855, the Duchess died of a return of the cancer of which Landolfi had cured her. Other cases treated at Cothen and Munich died or relapsed. He treated Dr. Seyfert at Dresden, and he died. He treated a Prince of Prussia, and was decorated with the order of the Red Eagle; but here again *cure* meant *cicatrization;* for I have been assured that the disease was cancroid of the face, and that it has returned. Dr. Valentini, of Berlin, tried the method in forty-three cases, and published an article in July, 1854, in its favour, but in July, 1855, only one year later, he wrote to say that it had entirely disappointed him. So at Vienna, in October, 1854, Dr. Weinberger published reports of thirty-three cases treated before him by Landolfi. One of the cases reported as cured relapsed while Dr. Weinberger was correcting his proof; and ten months later he wrote, that in cases of medullary cancer the disease "always returned, even before the cicatrization of the wound," and that the internal use of the chloride of bromine had no influence whatever in preventing relapse. Landolfi, by ministerial authority, *selected* six cases himself at the Vienna Hospital, and treated them under the observation of a committee, yet he only cured one, and that was an innocent tumour, a partial hypertrophy of the mamma, for which he destroyed the whole breast quite unnecessarily, and produced a large, unsound cicatrix. He wrote to the French commission to say that the effects of the application of his caustic in France were in all respects similar to those he had obtained in Germany and Italy; and so we find them. Of nine cases of cancer of the breast treated by Landolfi himself at the Salpétrière two died; in four the disease was aggravated; and in the three in which cicatrization took place, the disease reappeared. Not one of the nine was cured. He treated three cases of cancroid, and cured one. In a second the disease reappeared after cicatrization, and in the third it was much aggravated. So much for the three thousand cures of four thousand cases. Well may the French committee add that Landolfi's method "adds another to the illusions that so abound in the history of cancer."

Dr. Pattison, as you may be aware, some three, four, or five years ago, occupied much the same position in London that Dr. Fell does now. Both are physicians with American diplomas, who have professed to cure cancer by secret remedies, who have treated a great many patients, and have published accounts of their treatment. The difference between them is, that Dr. Fell has at length made known the composition of the remedies he employs, while Dr. Pattison has not; although it is pretty generally believed, and not without ground, that the essential part of his preparations was the dried sulphate of zinc, which Dr. Simpson showed in the *Medical Times and Gazette* a few months ago was a most useful caustic. Dr. Pattison has not been heard of so much since the arrival of Dr. Fell. Indeed the disappearance of one and the advent of the other are supposed not to have been altogether without concert. Where Dr. Pattison may be now, I cannot say, but his publications remain; and I can tell you something about some of the cases he has treated. A report of one of these used to appear in the form of a declaration sworn before the provost of Glasgow, that the patient was cured by Dr. Pattison, after having been regarded by Mr. Syme, of Edinburgh, as hopeless. Mr. Syme informs me that the patient was a small farmer, who had a sore at the corner of the nose. Mr. Syme applied the chloride of zinc to it, but the man went to Dr. Pattison, and so far from having been cured by him, "died in great misery after several journeys to London." Mr. Syme informs me that a case of cancer of the breast which had returned after operation, and which Dr. Pattison boasted he had cured, is not cured, but that the lady is dying; and that another lady, upon whom Mr. Syme declined to operate for cancer of the tongue, died under Dr. Pattison's care. These are cases which the public never hear of, but which really ought to be made known. In 1855 a book appeared, entitled "Cancer; its true Nature, Treatment, and Cure. Illustrated by

Cases. By John Pattison, M. D., 31 Lower Grosvenor Street." Most of these cases are given so indefinitely, as, "Mrs. H., from Essex," "Mrs. J., aged 54," "Miss ——, aged 27," "Mrs. A., of Hammersmith," "D. C., from Scotland," and so on, that it is impossible to find out how far the cures related are correct; but there is a clue to some of the cases, particularly to those treated at Glasgow; and I wrote to Dr. Macleod, a most able surgeon of Glasgow, to ask him to make inquiries about them. Here is his reply:—

"The following is the result of the cases treated by Dr. Pattison in this neighbourhood, of which I have been able to find out the particulars:—

"1. David Wilson, nursery gardener, &c. —This was a case of cutaneous cancer of the cheek, the sore being about the size of a sixpence. Dr. Laurie applied the actual cautery twice; after which it healed for a short time, and again broke out. Pattison treated him, in 1852, for six weeks, during most of which time he was put to great agony, the caustic being applied, at one time, continuously for eight days. He was pressed to submit to it, in order to see 'whether a caustic which had been so effectual in America, would act in the same way in this country.' The sore healed up after this, and has remained well till lately, when the old lancinating pain has returned, the hardness (which had never left it) has increased, and the inner end of the cicatrix has begun again to ulcerate. The man himself says he is sure he is going to have a return of his disease, and acknowledges that 'the cure' has entirely failed.

"2. Miss M., of 28 Parson Street.—It is eight years since she first observed a small pimple on her right cheek, which remained long small and painless. It was hard, but quite superficial. About two years after its first appearance, it broke and 'wept.' It was many times healed by Dr. Ritchie, by simple means. Having again appeared, she put herself, four years ago, under Dr. Pattison's care. It was then 'no larger than a herring scale, and felt, when she bent down, as if it would drop out.' Dr. Laurie had seen her just before this, and had told her to have two decayed teeth drawn. This she did, but hearing immediately afterwards of Dr. Pattison, she did not wait to see the result of Dr. Laurie's recommendation, but put herself at once under the charge of Dr. P., who told her it was lupus. The sore had all along remained quite small and superficial—had not spread, and caused hardly any uneasiness. She was in London, under Dr. P., for seven weeks, and was apparently cured. Caustics were very frequently applied, and she was told that 'a very large bad lump had been taken away.' She came down to Glasgow, and in fifteen months afterwards she was as bad as ever. She returned to London, and was seventeen weeks under Pattison, who 'again took away a great mass of disease.' The sore caused by the caustic healed, and there has, up to this time, been no return. The cicatrix on the right cheek is as large as a florin, white and sunk. There is no hardness, or any breach of surface. Dr. Ritchie says that the sore was 'suspicious' when under his care, but he would not have pronounced it 'malignant.' It was very superficial; and the description given by the girl herself, that it was a 'weeping pimple,' seems the best which could be given of it.

"3. Mr. Lauder, foreman in a manufactory here, I can hear nothing of.

"4. Mr. C., auctioneer, was a case similar to that of David Wilson. He was twice operated on by Dr. Laurie, and on the reappearance of the disease, fearing another operation, he went to Pattison. He was twice under this gentleman's care, once in 1853 for three weeks, and again in 1855 for two months. The disease, which was very limited, in a great measure though never completely disappeared after his first visit to London, but in a few months after it again came back worse than ever. He was at that time put to so much pain, that 'he thought he would have died.' In 1855 he was again treated by Pattison; the disease knew no amendment, and it is now spreading, though slowly, and he is about to submit himself to more legitimate interference. This patient has dissuaded many others from going to Pattison.

"5. Miss P., of Glasgow, had been three times operated on with the knife. Had the disease—a cancer of the breast—temporarily removed by Pattison in 1853. It returned in the spring of 1856, and has been now eight months under Pattison's treatment, where she still remains, 'daily getting worse,' (so say her friends).

"6. A sister of this lady's lately died under Pattison's care; but from what I can learn, she was in so advanced a stage of cancer of the tongue when he saw her that her death by no proceeding could have been long delayed.

"7. Mr. R., lupus of the nose, said to have been treated by Mr. Lyon, of Glasgow. Mr. Lyon knows nothing of this case, nor can I hear anything of it.

"8. Mrs. W.—'Ulcer of the leg, of five years' standing; attended by Dr. Gairdner, of Glasgow, cured by Pattison.'

"This was a common varicose ulcer of the leg, for which Dr. Gairdner could not persuade the patient to lie up for a day. She put herself under Pattison for some months, in London, and followed all his instructions, of which rest was the chief. She came home well, and remained so for a time. The ulcer again appeared when she became pregnant, and it is again nearly as bad as when she was under Pattison."

I am sure, gentlemen, I need not trouble you more with Dr. Pattison's cures. I have made inquiries myself about others, and I have only found *one* in which the cure was permanent, and that was a case of a small superficial sore on the face, possibly malignant, possibly not.

I do not mean to say much about Dr. Fell. His position is somewhat peculiar; for though he used a secret remedy, he was very open in exhibiting its effects to medical men, and he has lately made known its composition, in compliance with an agreement entered into with the surgeons of the Middlesex Hospital, in a book he has recently published. In his preface he talks of the "gratitude of a multitude of cured patients;" but, as the treatment of the earliest case he has recorded as treated in England was commenced July, 1855, and the lady died with pulmonary complication in the following April, and the other cases are of much later date, it is obviously absurd to talk of *cures*, when only a few months have elapsed after cicatrization. I know of cases in which the disease has returned after removal by Dr. Fell himself, and that in a much shorter period than two years; and, looking upon the essential part of his treatment to be the local use of chloride of zinc, it appears to be most unlikely that the results will differ from those obtained by Canquoin and others by the use of the same caustic. The report of the surgeons of the Middlesex Hospital was drawn up within two months after the treatment was commenced there. I may tell you that Dr. Fell has not published all his formulæ in his book. At the Middlesex Hospital he uses an ointment containing snuff and acetate of copper, and another made by boiling stramonium leaves in lard; but the chloride of zinc is the caustic by which the tumour is destroyed; the sanguinaria and cochineal added to it are probably of nearly equal efficacy, and the after-dressings of comparatively little importance.

All this leads to the very important question of the relative advantages of the knife and caustics in the treatment of cancer. The advocates of caustics say that when the morbid growth is removed by the knife, if it be really cancer, there is almost certain to be a recurrence of the disease within two years, either in the cicatrix or in some other part of the body; that the disease makes more rapid progress than when the patient is left alone, and therefore that he is in a worse position than before. They say, further, that it is often impossible to remove every particle of diseased tissue with the knife; and that the operation itself is sometimes fatal, either immediately from shock, or indirectly from pyæmia or exhaustion.

On the other hand, the opponents of caustics say, that no caustic can do more than the knife towards removing the cancerous diathesis. They admit that the morbid local growth can be removed, but they assert that the patient is not in a better position, frequently in a worse position, than if the knife had been used. Under the influence of chloroform, the tumour may be removed in a few moments without suffering to the patient, and every portion of diseased tissue can be removed if proper care be taken; while the action of caustic is very slow, often excessively painful, and is sometimes apt to extend beyond the diseased to the healthy surrounding structures. They add, that during the operation of the caustic the patient is not free from the danger of hemorrhage, erysipelas, or pyæmia, and that the general health is very apt to suffer from the long-continued pain and local irritation.

Now I am disposed to look upon all these arguments as quite secondary to the great question, which mode of removing the tumour is most likely to be followed by relapse. The advantages and disadvantages of the two methods are pretty equally balanced in other respects; and I apprehend we shall find them, even in this respect, also pretty equal. Statistics collected with a good deal of care show that about eight cases out of every ten operated on by the knife return within two years. Dr. Fell says that only three out of ten treated by him return within the same period. One good effect of the trial given to his treatment at the Middlesex Hospital will be that the truth of this statement will be tested. At present you must take it for what it is worth. Landolfi said something of the same kind, yet I have given you the results he obtained at the Salpétrière. Pattison harped on the same string, and I have shown you how far he succeeded in preventing relapse. As to Plunket and Guy, and those who used arsenic, I need only remind you of the fact that their remedies have fallen into disuse, although they were employed long enough to establish their reputation all over the world, had they really possessed the powers attributed to them of curing cancer.

But you may say this is not a cheering prospect. If neither the knife nor caustics are to be trusted in—if the chances are five to one in favour of a return of the disease, or a reappearance in some other part of the body within two years after we remove a cancerous tumour from any part of the body by either of these methods—if surgeons and cancer curers are equally unsuccessful—what are we to do?

In attempting to reply to this, let me give you the rule at which I believe our best and most experienced surgeons have arrived as to the use of the knife. It is, not to use it in the early stages of cancer, not to use it unless the cancer is actually ulcerated, or growing so fast that the skin is about to give way. In such cases, especially where an open cancer gives great pain, and is wearing away the patient by bleeding or profuse fetid discharge, the knife is used in the hope of relieving suffering, and prolonging, not saving life. In some other cases, where a cancer causes great mental anxiety to a patient, you may remove it at her earnest entreaty, after explaining fairly the danger of relapse. I should speak here of the knife and caustics in the same terms, as in many cases it will not much signify which you select. In some cases, where the situation of the growth is such that the knife cannot be used safely, caustics are decidedly preferable. In others, again, where time is a great object, you would use the knife. It is sometimes a good rule to leave the choice to the patient, representing fairly the advantages and disadvantages of the two methods. If you decide upon using caustic, I think all the evidence before us goes to prove the chloride of zinc to be the most effectual and safest yet employed; that it is a matter of great indifference whether it is employed as a paste or in solution; but that its action is considerably hastened by scoring through the slough, as Justamond did, down to the living tissues beneath, so that they are not protected by the slough from the action of the caustic. This scoring is not so necessary when the chloride is used in solution as when it is used as paste, after destroying the skin by nitric acid; and it is not at all necessary, if you use a pair of galvanic plates as your caustic. If you place a piece of zinc on any raw surface, and a piece of silver near it, connecting the two by a silver wire, the part covered by the zinc is destroyed very rapidly, and the slough formed is a very soft one, which is easily sponged away. I saw a case of cancer of the breast in a lady in 1854, with Dr. Lawrence, of Connaught Square, in which we decided, on consultation, to adopt this method, and Dr. Lawrence carried it out most effectually. I should not be at all surprised to hear that the next great empiric who appears in London will profess to cure cancer by galvanism.

Looking, therefore, upon both the knife and caustics only as the means of removing cancerous growths under certain exceptional conditions, what are we to do in the early non-ulcerated stages of cancer? This opens a very wide subject, which it is quite impossible to treat in a single lecture; but I must point out to you that we can do a great deal more towards arresting, even curing cancer, than is generally believed—that our art is not nearly so powerless as charlatans assert. Growths, with all the characters of cancer, have occasionally disappeared under the influence of remedies; others have remained completely dormant for many years, without affecting the health or shortening the life of the individual; and it is absurd to say that the disease was not cancerous in such cases because the patient recovered, or lived to old age unaffected by the local condition.

In the first place, in the treatment of cancer, the hygienic measures I have often spoken of as so necessary in the treatment of all chronic diseases, are of paramount importance. Plenty of good, wholesome food, a well-drained, well-ventilated house, pure country air, extreme cleanliness of person and clothing, sufficient exercise, clothing which exerts no injurious pressure on the diseased part, with mental occupation and amusement, will do a great deal towards the formation of healthy blood, the deposit of healthy tissues from it, and the removal of effete matter or formations of a low aplastic character. Ordinary medical treatment, cautiously adopted, may assist the hygienic treatment very materially. Deficient action of skin, kidneys, or digestive organs may be corrected. Alkalies given with or after meals often relieve a kind of digestive derangement common to cancerous patients. Hence the use of Vichy water and carbonate of soda. Pain may be alleviated by opiates or hemlock. Some of the preparations of iron often act admirably in improving the general health. Well-marked cancerous tumours have diminished in size and become quite dormant under the use of iodine in combination with iron; and the iodide of arsenic, in doses of one-sixteenth to one-twelfth of a grain twice a day, has been used with excellent effect since it was first recommended by Dr. A. T. Thompson and Dr. Walshe. The remedy, however, which I have found most useful, is the bromide of potassium with cod-liver oil. Given in doses of five to ten grains of the bromide, with one, two, or three drachms of the oil three times a day, the effect upon the local tumour and the general health is really remarkable. The pain very speedily diminishes. There is first a cessation of the growth of the tumour, and then a process of shrinking goes on, while adherence to the surrounding parts is lessened, and a tumour which was firmly united to the surrounding parts becomes movable, detached as it were, and is felt like a hard, movable, senseless ball beneath the skin. The last cure for cancer advertised in London is the inhalation of oxygen; and a Dr. Birch has published a pamphlet about it in connection with an apparatus sold by a firm in Regent Street. This, if it is not likely to do much good, can hardly do harm.

As to external remedies which may be looked on as curative, all attempts to affect the nutrition of the part by the application of leeches, or ligature of nutrient arteries, must be abandoned as useless. Friction, percussion, and palpation, so much used of late by certain *rubbers* of Edinburgh and Brighton, with the hope of procuring absorption, are complete failures. Electricity and galvanism have been tried, but the results do not say much for their efficacy. The local means which really have some good effect in cancerous tumours are preparations of lead, iodine, and bromia. Lead in the form of plaster or embrocation is a most soothing application. I have seen it used very largely at the Cancer Hospital in both forms and with very excellent results. The embrocation in common use there, consisting of equal parts of the liquor plumbi, almond oil, diluted acetic acid and water, is a really useful application, allaying pain, and apparently hastening the absorption of the tissues around the tumour, indurated by inflammatory infiltration. Frictions of solutions of iodide of lead or iodide of potassium in glycerine without producing any irritation of the skin, appear to be active promoters of absorption. The iodide of lead was recommended long ago by Dr. Walshe, and is much used now by Dr. Fell. The solution of bromide of potassium in glycerine appears to be even more efficacious, but on this point I do not like to speak confidently without more extended experience.

Dr. Arnott's freezing process is really of great service. I have shown you how to apply this on a former occasion, so that I need only say now that it is a remedy of very great value in the treatment of cancer, that it allays pain, checks growth, and has reduced many large adherent tumours to a small, movable, indolent condition.

Then mechanical treatment is often very useful in non-ulcerated cancer. It has long been believed that the nutrition of any part of the body might be lowered, and absorption of any product of disease promoted, by methodical compression. Bayle first recorded twelve cases of cancer as cured by compression, out of nineteen. It was tried at the Middlesex Hospital, and Sir Charles Bell reported favourably upon it so far as to the power of alleviating pain. Mr. Travers has known tumours "gradually reduced, and at length absorbed, by equal and persevering compression." Recamier, out of 100 cases, reported 30 as *cured* by compression alone, and 21 considerably relieved. Bayle, as the result of 127 cases, gives 71 cured, 26 improved, and 30 failures. Some of these cases were probably not truly cancerous, but others undoubtedly were, and in some the stage of ulceration had commenced.

From what I have seen myself I can quite believe that these statements of the good effects of compression are not exaggerated. But it must be properly applied. The plan of bandaging the mamma and shoulder is very objectionable, as it interferes with the free motions of the arm and chest, so necessary to the general well-being of the patient. As a means of producing equal constant pressure, exact in degree and easily moderated or increased, nothing equals the air-truss invented by Dr. Neil Arnott. An air cushion, supported by a shield, is adapted to the diseased part, while a spring supported by a belt is arranged to act on the cushion in such a manner that any desirable amount of pressure can be kept up without interfering in the least with the free motions of the chest. Applied at first so as merely to support the part, and then to exercise gradually increasing pressure upon it, the results are very remarkable. The pain very soon ceases, the swelling in the surrounding parts diminishes and disappears, the large tumour splits up into several smaller divisions, and in some cases entirely disappears, not a trace of any tumour or induration remaining, while in other cases the remaining swelling is quite passive, painless, and innocuous. I saw a lady a few weeks ago with a small tumour like a walnut in her breast, quite harmless, and not causing the least anxiety, which I saw nine years ago under this compression treatment, and it was then to all appearance a large cancerous tumour, on the point of ulcerating. I have not the least doubt that if the tumour in that case had been removed, either by the knife or by caustic, the patient would have been dead seven or eight years ago.

When ulceration has taken place, there are a number of local applications which are of great use. Supposing you have decided not to use either the knife or caustics, your object is to allay pain, arrest bleeding, destroy the fetor of the discharge, until spontaneous separation of the cancer takes place, and then to promote healthy granulation and cicatrization. In some cases of open cancer Dr. Arnott's freezing process acts admirably. It may cause pain for a few minutes, but it gives great alleviation for several days afterwards, and sometimes it destroys a large portion of a morbid growth as effectually as any caustic. This occurred in a case I saw lately with Dr. Brinton. The case was a most unpromising one, in a lady from the country. One breast had been removed, the disease had recurred in the cicatrix, and the subjacent costal cartilages were implicated. There was a large, flabby, convex growth, which we agreed to congeal. This was done by a most intelligent practitioner in the country, and I hear from him that three-fourths of this growth were destroyed, leaving a small, concave, granulating sore. If you adopt this plan, you must protect the raw surface from the irritant action of the salt by a piece of goldbeater's skin.

The bleeding which takes place from the surface of an ulcerated cancer can always be checked by the perchloride of iron. I always keep this by me, as it is prepared in Paris at the specific gravity 45° Baume. A piece of lint, wet with this solution, will instantly stop any ordinary bleeding; but at this strength, or even at 30°, it acts as a caustic, so that, except in cases of very free bleeding, it should be kept at hand of the strength of 15°, so that the patient or her nurse may apply it. The strength of 30° is that usually employed to coagulate the blood in nævi and varices, and I now show you the remains of a cancerous tumour which has been acted on by this solution. See how friable it is, like dry, rotten leather. About five months ago I injected some of this solution into an encephaloid tumour growing from the ileum. It was then as large as my fist, and growing rapidly. I injected it by four punctures, and the result was immediate hardening and subsequent shrinking. I saw the man a few days ago, walking about in very fair health. I do not wish to say much more about him at present, than that I feel certain his life has been prolonged. I am making other trials with the perchloride of iron, and Dr. Marsden has begun to use it at the Cancer Hospital, but I do not wish to recommend it further now, than as a means of stopping bleeding.

Dr. Marsden thinks very highly of carrot poultices. Their application is rather painful, but they certainly arrest fetor and seem to hasten the separation of the diseased part. They are said to have been introduced into use in 1766 by Sultzer, and they have certainly maintained their reputation longer than most of the remedies for cancer.

If, after a cancerous tumour has separated, you have an indolent, granulating surface covered with an unhealthy, fetid discharge, a lotion of chlorate of potass is often very useful, of the strength of five to ten grains to the ounce of water. Mr. Weedon Cooke adds a little hydrochloric acid to this, and he believes with advantage.

In any of the stages of ulcerated cancer, when there is much pain, you may use some sedative ointment spread on cotton wool. A little morphia with lard answers as well as anything, but if you like to try other sedatives there is no objection to stramonium or tobacco ointment, or hemlock or lettuce poultices. However, you will generally find pain allayed more effectually by opium given internally than by any local application, and of all the preparations of opium I think the one which can be continued for the longest time, and causes the least derangement to the stomach, is the solution of bimeconate of morphia, as prepared by Mr. Squire.

In cases of cancroid of the neck of the uterus, the epithelioma uteri, a disease very often seen at the Samaritan Hospital, Dr. Simpson's paste of dried sulphate of zinc and glycerine answers admirably. You may apply it freely without any danger of injuring any part of the vagina protected by its epithelium, and it completely destroys the morbid growth. Here is a specimen of the hard, white slough it produces. I have seen the diseased part come away entire, like the shell of a walnut from the nut, leaving a healthy granulating surface below, which has cicatrized very rapidly; and I feel certain that in all cases of malignant growths about the female genital organs, we shall find the sulphate of zinc a most safe and effectual mode of destroying them.

This, gentlemen, is necessarily a very imperfect sketch of a most important subject, and in conclusion I can only urge upon you the necessity, while you are doing all that you can to prolong the life and alleviate the distress of your patients with cancer, of never giving up the hope of discovering a cure. We have found a specific for ague, we have found a specific for itch, we can certainly cure some forms of syphilis by iodide of potassium, and others by mercury, we can prevent smallpox by vaccination. Let us hope that the day may come when we shall possess equal power over those mysterious aberrations in the processes of nutrition and decay which lead to the deposits or formations known as tubercle and cancer. But should this hope prove fallacious, or be regarded as Utopian, I must maintain that, even with our present knowledge, we have no reason to fear a comparison between what we can do by fair and open means, and what can be really done, or has ever been done, by any cancer curer or any secret remedy.—*Med. Times and Gaz.*, July 11, 1857.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Proceedings of the Philadelphia College of Physicians in regard to the election of Dr. McClintock.

"At a meeting of the College of Physicians of Philadelphia, held July 1, 1857, the following preamble and resolutions were unanimously adopted:—

"*Whereas*, The Board of Guardians of the Poor have at their meeting of the 8th of June last elected to the office of Chief Resident Physician of the Philadelphia Hospital, Blockley, Dr. James McClintock, whose name has been stricken from the roll of the American Medical Association at its annual session held in the city of Detroit, in May, 1856, in consequence of his having abandoned the ranks of the profession, and assumed the degrading position of a manufacturer and vender of empirical and secret medicines; therefore be it

"*Resolved*, That the selection of the said individual to fill the important and honorable office above referred to, made in the face of the verdict of the Association, a verdict by virtue of which he is no longer recognized as a member of the Medical profession, is indignantly pronounced to be a gross and gratuitous outrage upon the feelings of every member of that profession, not only in this city but in the country at large; and as such meets with the unqualified disapprobation of the College of Physicians.

"*Resolved*, That the College takes this early opportunity of tendering its cordial and entire approbation of the course pursued by such of the Assistant Resident Physicians of the Institution mentioned above, namely, Drs. C. P. Tutt of Virginia, J. H. Berrien of Georgia, J. Cummiskey of Philadelphia, Thomas Marshall of Virginia, X. X. Xaupie of Missouri, and J. S. Coleman of Georgia, as have, at the sacrifice of most valuable opportunities of Clinical instruction, promptly and unhesitatingly resigned the position they therein held, sooner than serve under a chief, outlawed by the highest medical tribunal of the land, and with whom no physician, alive to a self-respect, and having at heart the honor and dignity of his calling, can professionally associate. In doing so, the College further tenders to those gentlemen the assurance that, by thus acting, they have evinced a moral courage and an appreciation of the high obligations imposed upon them by the noble mission upon which they have recently entered, worthy of all praise, and have thereby raised themselves in the estimation of every honourable member of the medical profession.

"*Resolved*, That the College has heard with unfeigned satisfaction, that the entire professional corps attached to the institution alluded to, have for the same reason, and to repel the insult offered to them by the recent action of the Board of Guardians, resigned their respective posts.

"*Resolved*, That in the opinion of the College, none of its members can justifiably accept office under, or hold professional intercourse with the individual referred to in the above resolution, whether in the institution so improperly placed under his control, or elsewhere, and that by following a different course, such members would become amenable to the censure of the College, and expose themselves to the penalties which the individual himself would have incurred had he been a member thereof.

"*Resolved*, That the College would learn with deep regret, and a feeling of shame, that any of its members had promoted directly or indirectly, either by letter or otherwise, the election to a post of honour and emolument, such as that of Physician in Chief of the largest Hospital in the State, of an individual who for the very grave offence referred to in the preamble, has been cast from the folds of the profession, and cannot re-enter without a formal reversal of the verdict under the effect of which he now labours; and that the said College would think itself obliged, did an event of the kind alluded to occur, to apply to the one guilty of so palpable an infraction of the code of ethics by which its members are governed, the penalties imposed on the abettors of quackery.

"*Resolved*, That the College would learn with equal disapprobation, that any of its members have recommended to others to take or retain office in an Institution whose Chief Physician, like the present incumbent in the Blockley Hospital, no longer holds an honourable position (if any) in the Medical Profession."

—

Extract from the Proceedings of the Philadelphia County Medical Society in regard to the Election of Dr. McClintock.

The Philadelphia County Medical Society, at their meeting on the 3d of July, adopted the following resolutions:—

"Believing that it fully expresses the sentiments and opinions, not only of its own members, but of the medical profession throughout the United States, the Philadelphia County Medical Society hereby adopt unanimously the following resolutions:—

"*Resolved*, That the Philadelphia County Medical Society offers its cordial congratulations and assurances of continued interest in the future welfare of the six gentlemen, viz: Drs. Tutt, of Virginia; J. H. Berrien, of Georgia; J. Cummiskey, of Philadelphia; Thomas Marshall, of Virginia; X. X. Xaupie, of Missouri; and J. S. Coleman, of Georgia, who, at a great sacrifice of advantages of acquiring clinical experience, resigned at once as Assistant Resident Physicians of the Blockley Hospital, rather than be exposed to professional intercourse with the obnoxious Chief Resident who has just been appointed.

"*Resolved*, That any countenance which has been given by any member or members of the medical profession in the way of verbal or written recommendations of the individual who is now Chief Resident Physician of the Blockley Hospital, and an expelled member of the National Medical Association, renders them amenable to censure for a breach of medical ethics, and deserving the same penalty which has been incurred by this person, with whom they may be said virtually to be in league.

"*Resolved*, That the prompt resignation of the gentlemen who composed the consulting Medical, surgical and obstetrical staff of the Blockley Hospital, in order to avoid the stain of official association with the Chief Resident Physician, was in accordance with their well-known principles and practice, and meets with the entire approbation of this Society.

"*Resolved*, That this Society cannot but deprecate the very idea of any of its members holding office under or with the present Chief Physician of the Blockley Almshouse, and can only regard such an act as a voluntary loss of membership; and in the case of a physician who is not now a member, as an absolute disqualification for his becoming so."

Appointments, Promotions, and Resignations in the Medical Staff of the U. S. Army. Appointments.—Chas. T. Alexander, of Arkansas; B. A. Clemens, of New York; and Lewis Taylor, of Pennsylvania, to be Assistant Surgeons.

Promotions.—Passed Assistant Surgeons Thos. C. Madison and Jos. K. Barnes to be Surgeons.

Resignations.—Assistant Surgeons Arch. Taylor, Geo. Suchley, and De Witt C. Peters.

Boyleston Medical Prize Questions.—The prizes for the present year have been awarded to Dr. Wm. W. Morland, of Boston, for a dissertation on "The Pathology and Treatment of Diseases of the Urinary Organs; and to Dr. Ephraim Cutter, of Woburn, for a dissertation on the question, "Under what circumstances do the usual signs furnished by Auscultation and Percussion prove fallacious?"

Rush Medical College.—Dr. John Evans, Prof. of Obstetrics, Dr. W. B. Herrick, Prof. of Phys. and Path., and Dr. H. A. Johnson, Prof. of Mat. Med. and Med. Jurisprudence, have resigned. Their places have been filled by the election of Dr. W. H. Byford, of Evansville, Ind., to the chair of Obstetrics, of Dr. H. A. Johnson to the chair of Physiology and Pathology, and of Dr. John H. Rauch, of Burlington, Iowa, to the chair of Mat. Med. and Med. Jurisprudence.

Dr. Brown-Sequard.—We learn with pleasure that the Royal Society has awarded the Queen's Prize of five hundred dollars, from the fund appropriated annually for the encouragement of scientific researches, to Dr. Edward Brown-Sequard.

Cabinet of Materia Medica Specimens.—We are requested to announce that the cabinet of specimens used by Prof. Huston, late of Jefferson Medical College, to illustrate his course on materia medica, is offered for sale by Mr. Parrish, 800 Arch Street.

This collection is said to be well selected and complete, while the size of the specimens adapts them to class illustration. We should think them worthy the attention of teachers and others.

FOREIGN INTELLIGENCE.

Death from Amylene.—There has been another death from the new anæsthetic, amylene. It occurred on Thursday last, at St. George's Hospital. Dr. Snow administered the agent. The patient was a man who had a fatty or some other benign tumour on the back, and it was in consequence of the operation about to be undertaken for its removal that the anæsthetic was administered. We are not yet informed what condition of the organs of circulation and respiration were discovered at the autopsy. This is now the second death from amylene.—*Lancet*, Aug. 8, 1857.

Excision of the entire Scapula has been performed lately, with success, by Dr. Crawford, of Ayr. Very little blood was lost. The patient was under the influence of chloroform for fifty-five minutes.—*Med. Times and Gaz.*, Aug. 8, 1847.

Masking the Taste of Cod-liver Oil.—M. Leperdriel recommends the addition of 10 per cent. of common salt as the best means of masking the taste, not only of cod-liver oil, but various other kinds of fish oil. The salt may not only conceal the taste of, but add to the digestibility of the oil. Essence of aniseed further masks the oil, but for most persons the salt suffices.—*Ibid.*, from *Rév. Méd.*, May.

Obituary Record.—Died, in Paris, on the 20th of June last, M. Thenard, aged eighty years, one of the most illustrious men of science of his time.

—— at Paris, on the 30th of June, Alcide D'Orbigny, Professor of Palæontology at the Museum d'Histoire Naturelle de Paris, after a long and painful illness.

THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Fractures of the Thigh in Old People.—There were two cases, a short time back, in the Royal Free Hospital, of fracture of the neck of the femur, internal to the capsule, which attracted our attention, both in elderly women, one of whom was the nurse of one of the male wards, aged fifty-seven, who slipped and fell on her left side with much force, and broke the neck of the femur, of which she exhibited the usual symptoms. Mr. Cooke had the limb put upon a double inclined plane, and she was kept quiet for six weeks. On the seventh week, she was allowed to walk with crutches, and in a little time after got on without them; and, on examination, not the slightest difference could be traced between the two limbs. Complete union had satisfactorily occurred, of a bony character, as there was no shortening, and the various motions of the limb were perfect. The second case, also under Mr. Cooke's care, was in a woman, aged sixty-three, who was feeble and infirm, and who fractured the neck of the femur by slipping off the curbstone—the manner in which it very commonly occurs in old people. The symptoms of fracture were more marked than in the other case, the shortening being greater, and the crepitus very distinct. The limb was put up in a Liston's splint, and a liberal allowance of wine and diet was ordered. No union occurred here, as in the first instance, and she was ultimately discharged without the power of using the limb at all, as is not uncommonly the case. As all surgeons know, bony union very seldom occurs in these cases, the majority of them uniting by ligament, or, as in the older of the two patients, not at all. That is the reason why it is recommended not to put these cases in splints. With regard to the first, the fracture was believed to be partly within and partly without the capsule, and hence its satisfactory result. The symp-

Published monthly by BLANCHARD & LEA, Philadelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage.*

☞ *In no case is this periodical sent unless the subscription is paid in advance.*

toms also in her were those of slight displacement.

It does not always follow that because a patient is very old, union of the broken bones will not occur. We saw a man, eighty-four years of age, in University College Hospital, in April last, under Mr. Erichsen's care, who broke his thigh bone two inches below the trochanter, and union had occurred under the use of long splints for a few days at first, and then the starch bandages. The fracture arose from a fall, and our wonder is that the neck of the bone did not break; but the violence was most probably direct.—*Lancet*, Aug. 1, 1857.

An Effort to Prevent Tibial Disease extending to the Knee.—There can be no doubt, as we have often pointed out, that a well directed effort, timely made, will sometimes prevent the extension of diseased action to a neighbouring articulation, and this is the more necessary when it exists in the vicinity of such an important joint as the knee. An example of the kind came under our notice at Guy's Hospital on the 14th of July, of a young and healthy man, who received a blow at the inner side of his right knee last Christmas, its force being exerted upon the inner side of the right tibia. The bone has been constantly painful ever since, and has resisted all treatment the joint itself being perfectly healthy. But there can be no doubt whatever in the mind of any surgeon, that it is most likely to become implicated in a short time from extension of the disease in the tibia, and entertaining this view, Mr. Cock made an opening in the skin, a little lower down the tibia, and with a small trephine removed some bone close to the affected and partly carious spot, the seat of pain. The discharge which will ensue will have the effect of drawing the disease downwards, and in this manner effect a cure, as through this opening the crumbly and loose fragments of bone which will become disintegrated will be sure to pass. This plan of treatment has really proved most effectual of late, numerous records of cases appearing in our "Mirror" from several of the hospitals. Blisters and counter-irritation may do very well for a little time, but eventually something more important is required. Trephining the bone and removal of the disease by suppuration afford a means of permanent cure.—*Lancet*, Aug. 1, 1857.

Elephantiasis of the Mammæ.—M. Rousseau gives the following in the *Revue de Thérapeutique Médico-Chirurgicale*, 1856: C. Bayard, aged twenty-eight, of strong make, fair, and of a lymphatico-sanguine temperament, has had very large breasts since puberty; her sisters and first cousins present a similar development. One of the sisters noticed a considerable enlargement of her breasts during pregnancy, but they returned to the ordinary size after her confinement. The present patient began to menstruate at fifteen, and even at that time the breasts were so large that remarks were made, although she strove to conceal the fact. She married, and menstruated for the last time in March, 1856, so that she was considered pregnant. But at that period the patient was attacked with typhoid fever, in the course of which the breasts enlarged in an extraordinary manner, and have ever since taken further development. The poor woman is at the present time obliged to be constantly reclining, as, on account of the size and weight of the breasts, she can neither stand nor sit. Each breast is twenty-four inches long, and thirty inches in circumference; the skin is thick, but of the normal colour, and the follicles are very large. On handling the mass, it is found of a spongy character, without infiltration or œdema. The left breast has no nipple; the latter had been invaded by an excrescence, and both were cut off together. The right nipple presents a hard and blackish mass, with a gangrenous smell, and a superficial and fetid suppuration. The patient's face is thin and pale, the appetite good, the voice firm, and pulse 86. No remedial means have as yet been employed, and the hypertrophy seems to be increasing.—*Lancet*, Aug. 8, 1857.

Trephining of the Tibia for Abscess.—Cases are now and then met with of a more or less constant aching pain in the bones—the tibia especially—which resists every kind of treatment, and if occurring in private practice, leading the patients to believe the surgeon does not understand the true nature of the disease. This pain very frequently may depend upon a deep-seated abscess in the osseous structure, and at times is associated with great constitutional disturbances. But instances are met with where an abscess has been suspected, the bone trephined, and no pus found; free suppuration has, however, followed, and a perfect cure been accomplished.

On the 28th of May, a perfectly healthy-looking boy had the upper and anterior part of his tibia trephined, at St. George's Hospital, by Mr. H. C. Johnson, for a suspected abscess. His general health was good in every respect, but about three weeks before he was admitted as a patient, his principal symptom being extreme pain in the head of the tibia, not altogether constant, but very severe indeed at night, the disease commencing five years ago, with pain most of that time. The boy described the pain to be like that of toothache, and had not had any of the constitutional symptoms of the formation of abscess, but the head of the bone was enlarged. A crucial incision was made under chloroform, the bone trephined to the extent of three-quarters of an inch, and the piece of bone withdrawn, on examining the deep-seated portion of which some erosion was found; and on introducing the little finger into the head of the bone a distinct cavity was felt, which contained a little matter, thus verifying the correctness of there being an abscess, which must have been situated between the epiphysis and true bony structure. The hole in the bone was plugged with lint; free suppuration ensued; it will gradually fill up, and a cure, it is hoped, will be accomplished.

We have recorded several instances of the successful application of the trephine, and in two or three no matter was found, which did not interfere with the progress of cure. There are two or three very interesting and instructive preparations in the museum of St. George's Hospital, which illustrate the subject of trephining bone, and are well worthy careful study. The profession is greatly indebted to Sir B. Brodie, who, we believe, was the first to introduce this excellent mode of practice, which has been followed out by many recent observers.—*Lancet*, July 18, 1857.

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Limited Central Necrosis.—A healthy looking girl, in University College Hospital, about nineteen years of age, had suffered from enlargement of the middle of the left tibia for eight years, with pain more or less continuous, but chiefly nocturnal. The bone seemed to be treble its natural size, and the pain was confined to one spot. Such a case as this, Mr. Erichsen remarked, with intermitting pain, and a tender spot on the surface of bone, is common to three different states, namely, abscess in bone, central necrosis, or else to chronic osteitis producing general hypertrophy. A fourth condition might be mentioned—cystic osteitis, which is very rare, and of which there was an example in this hospital on a former occasion. In regard to the question of diagnosis, it was one of little consequence, as the treatment is the same in all—namely, perforation of the bone by trephining. He thought it was not a circumscribed abscess, because it is generally found in the cancellous ends of bone; here the swelling is in the shaft: then, again, in circumscribed abscess, the bone around is generally sound; it is not so here. Of the other two conditions, hypertrophy and central necrosis, he thought it would prove the latter, within an osseous case. And so it turned out, for on removing a piece of bone with the trephine, it consisted of the outer shell of new bone, which came away quite clean; then a piece of white dry bone, from the interior, which was part of a sequestrum, completely filling the interior of the limited new shaft. The wound was filled with lint and allowed to suppurate, and the girl is doing well.—*Ibid.*

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Compound Comminuted Fracture of the Pelvis.—Severe injuries of the pelvis very often terminate unfavourably. We only recently recorded two striking examples, and this result is sometimes not alone due to the injury itself, but to the shock occasioned by the great violence producing it, such as a fall from a height, Now there is a case in the Westminster Hospital at this moment, under Mr. Holt's care, of a workman who was employed at a gas factory, who six weeks ago fell from a height on to the right side, and sustained a severe fracture of the ilium of that side, with a large open wound, the fracture being of a comminuted character. The whole length of the finger could be thrust into the pelvis. He had all the usual accompaniments of such a severe injury, and yet when we saw him last, on the 9th June, we found him convalescent. Mr. Holt, we believe, found it necessary to remove one or two pieces of the broken bone; very free suppuration was established, and now there is a little serous oozing from a fistulous opening, with for the first time a little erythematous blush on the thigh below the wound, the tissues of which are indurated. That this poor man will make a recovery there is no doubt; but as to his enjoying permanent good health is another question. We rather suspect he will be a future sufferer from necrosis of the iliac bone, more especially as the deep tissues surrounding it have been infiltrated with pus.—*Lancet*, July 18, 1857.

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Mr. Skey's Method of Treating the Cicatrices of Burns.—On the 18th of July we had an opportunity of seeing the plan adopted by Mr. Skey, at St. Bartholomew's Hospital, for removing the contraction of tissues consequent upon a burn. The patient was a little girl (Emma B——, aged six years), the front of whose neck had been burnt some years before, and had so contracted as to produce a number of distinct bands, running from above downwards, without very great deformity. The contraction resulting from the burn was treated, whilst the girl was under the influence of chloroform, by making a number of short transverse incisions in various parts of the cicatrized tissues, which gaped as they were made. This plan Mr. Skey has found very efficacious in some eight cases, all of which have done very well. It has certainly the advantage over dissecting up portions of cicatrized skin, in that there is no danger nor risk of sloughing—an accident which not unfrequently makes a case worse than if nothing whatever had been attempted.

On a subsequent visit, we found these transverse wounds healing well, without any appearance of contraction of the cicatrix. She lay upon a flat bed, with her head considerably lower than the shoulders, and the wounds are dressed with narrow pieces of strapping, so as to approximate the *ends* of a cut to each other—not the sides—and lengthen out the old cicatrix as much as possible. This plan seems to be a most rational one, and we should like to see it more extensively adopted.—*Lancet*, Aug. 15, 1857.

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Purulent Absorption Destroying the Right Leg.—An elderly man, of unhealthy aspect, entered St. Mary's Hospital with an ulcer of his left leg, which was submitted to treatment. A few days after his admission he was seized with difficulty of breathing, pain in the chest, and all the general symptoms of the formation of purulent deposits in the system. Shortly afterwards the whole of the right leg and thigh began to swell, and no doubt existed but that an extensive formation of matter had formed in the knee-joint. In the mean time all the chest symptoms got better. The matter was let out, and large quantities of it continued to come away from day to day. Mr. Coulson observed that he never saw a clearer case of blood-poisoning; but instead of becoming localized in any internal organ, it accumulated in the knee joint. He amputated the leg above the knee some inches by the flap operation on the 15th of July, and on opening the knee-joint it was full of pus, without any great disease of the cartilages. The tissues were much infiltrated about the thigh, and the muscles were of a yellowish-brown unhealthy colour, as if in a state of fatty degeneration. Mr. Coulson allowed the flaps to be exposed to the air for some eight or ten hours, they then become glazed over with lymph, and adhered the moment they were brought together. Our readers are aware that this practice has long been employed by Langenbeck and others to prevent oozing from the stump with good results. This surgeon allows them to remain exposed for twenty-four hours at a time. We saw the flaps some little time after the patient was removed to the ward, and not a drop of blood was oozing from them. It will be observed that the purulent deposition in this case took place in the knee of the leg which was *not* ulcerated.—*Ibid.*

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Pendulous Fibro-Cellular Tumour of the Nose.—The patient was an old man, aged 77, who had a pyriform, pendulous, fluctuating tumour, larger than a good-sized walnut, hanging from the left side of the nose, just above the margin of the nostril. The aspect presented in consequence was ludicrous in the extreme, a second nose appearing, as it were, on viewing the man's lateral aspect, engrafted upon the end of the original nose. It was attached by a sort of peduncle, and was easily removed by Mr. Hewett, at St. George's Hospital, on the 28th of May, without chloroform. It turned out to be an obstructed sebaceous tumour. The sebaceous matter could be squeezed out. In one part it contained a little fluid; in fact, the cellular tissue was œdematous, similar to that in elephantiasis, associated with hypertrophy of the skin. A preparation in the museum at St. George's, has a number of tumours attached to the labium of a female precisely analogous to this, which had been removed some years ago by Sir Benjamin Brodie. Now, simple as was the operation, it is sometimes dangerous from an attack of erysipelas, but fortunately there is no erysipelas in St. George's at this moment. One often sees knotty noses, which are shaved off, turn out fatal from erysipelas. Mr. Hewett related a case in point—that of a farmer, in whom the removal of a nasal tumour caused death.—*Lancet*, June 20, 1857.

Profuse Arterial Hemorrhage in Tapping an Ovarian Cyst.—About a fortnight ago, in tapping an ovarian cyst, with the intention of injecting it with iodine, an accident occurred to Dr. Barnes, at the Metropolitan Free Hospital, which is of some interest. The woman had been tapped on four previous occasions. A full sized trocar was used, and was inserted about a hand's breadth to the left of the median line, and almost close to a former cicatrix. A few pints of turbid fluid having escaped, it became evident that what was flowing was almost pure blood. It flowed very freely, and at one time, on moving the canula, a distinct jet was perceived. It was clear that an artery of some size had been wounded. The woman rapidly becoming faint, all idea of going on with the injection was abandoned, and attention turned to the arrest of the bleeding. A strong ligature was attached to a piece of sponge, and the latter pushed down the trocar, in the hope that by drawing it outwards it might be made to compress the vessel and plug the wound. The sponge, however, unfortunately slipped out on the withdrawal of the canula, and the plan thus failed. Soon after the removal of the canula, the bleeding externally ceased, but within a few minutes the cellular tissue beneath the skin had become distended with blood, and a circumscribed fluctuating swelling, the size of two fists, had formed. The woman was now pale and faint, and it was just decided (Mr. Chance and Mr. Hutchinson being present) to cut down and seek the vessel, when it was observed that the swelling had ceased to increase. Some wine was given, and the patient watched (her abdomen exposed to the air) for about an hour, when no further bleeding occurring, it was resolved not to interfere. The bleeding did not recur, and the patient slowly recovered from its effects. The extravasated blood remained fluid, and was subsequently evacuated. Not long ago a case in which hemorrhage from tapping proved fatal came under our notice. In it the bleeding was wholly into the abdomen, while in Dr. Barnes's case there was no reason to think that any took place internally. Of course no blame whatever attaches to the operator in such cases. The wonder is that with such an instrument as a trocar the accident should ever happen.—*Med. Times and Gaz.*, March 7, 1857.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Spiritualism.—The sum of five hundred dollars was a short time since offered by the *Boston Courier* to Dr. Gardner, a leading spiritualist of Boston, on the condition that he would produce before a committee of scientific gentlemen, an agent or medium who would exhibit any of the peculiar phenomena ascribed to be of spiritual origin.

The investigation has now taken place, and the following is the award of the committee:—

"The Committee award that Dr. Gardner, having failed to produce before them an agent or medium who 'communicated a word imparted to the spirits in an adjoining room,' 'who read a word in English written inside a book, or folded sheet of paper,' who answered any question 'which the superior intelligences must be able to answer,' who 'tilted a piano without touching it,' or 'caused a chair to move a foot;' and having failed to exhibit to the Committee any phenomenon which under the widest latitude of interpretation could be regarded as equivalent to either of these proposed tests, or any phenomenon which required for its production, or in any manner indicated a force which could technically be denominated spiritual, or which was hitherto unknown to science, or a phenomenon of which the cause was not palpable to the Committee, is therefore not entitled to claim from the *Boston Courier* the proposed premium of five hundred dollars.

"It is the opinion of the Committee, derived from observation, that any connection with spiritualistic circles, so called, corrupts the morals and degrades the intellect. They therefore deem it their solemn duty to warn the community against this contaminating influence, which surely tends to lessen the truth of man and the purity of woman.

"The Committee will publish a report of their proceedings, together with the results of additional investigations and other evidence independent of the special case submitted to them, but bearing upon the subject of this stupendous delusion.

Benjamin Pierce, *Chairman*,
B. A. Gould, Jr.,
L. Agassiz,
E. N. Horsford.

Cambridge, June 29, 1857."

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Progress of Quackery.—The Board of Governors of Bellevue Hospital, New York, at their meeting of the 4th of August last passed the following resolution:—

Resolved, That it be referred to a special committee to report upon the propriety of so *amending* the law organizing the Bellevue Hospital Medical Department as to provide that one half of such institution shall be set apart for the practice of homœopathy, under the care of a medical board nominated by the Homœopathic Society of New York, and that each case admitted in said hospital be transferred to the care of the *allopathic* and homœopathic department alternately.

Verily these sapient and erudite governors must have just awakened from a nap in Sleepy Hollow, to propose at this day, as an *amendment*, such an alteration of existing regulations.

The Board of Health and the Mayor of Chicago have appointed two boards of medical attendants for the new city hospitals, one board of physicians and the other of Homœopaths, each to have separate wards. The respectable board of physicians appointed, among which was Dr. N. S. Davis, with a true appreciation of the insult offered to the profession by this proposed arrangement declined having anything to do with the hospital as thus organized.

—

Conviction of a Homœopathic Practitioner for Procuring Abortion.—Dr. Augustus P. Biegler, a homœopathic practitioner of considerable note in Rochester, was convicted, on trial in the Superior Court of Buffalo, of manslaughter in the second degree, in procuring an abortion on the person of Amelia Murr, resulting in the death of both mother and child; and has been sentenced to confinement at hard labour in the State prison at Auburn for the term of seven years.

A report of the trial is given in the *Buffalo Med. Journ.* for June last.

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Prize of the Mass. Medical Society.—The Massachusetts Medical Society offer the sum of *one hundred dollars* for the best dissertation adjudged worthy of a prize on the following theme, viz: "To what affections of the lungs does bronchitis give origin?" The above is open to physicians of every country. Each dissertation should be designated by a motto, and accompanied by an envelop, superscribed with the motto, and containing the writer's name and address. The sealed packet, accompanying the successful dissertation, will be broken and the author's name announced at the annual meeting of the Society in May, 1858.

Dissertations for the above prize must be sent (post paid) to the Corresponding Secretary, Dr. Benj. E. Cotting, Roxbury, Mass., on or before April 15, 1858.

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The Physician's Visiting List, Diary, and Book of Engagements, for 1858.—Messrs. Lindsay and Blakiston have just issued this valuable aid to the practitioner. Commendation of its utility to those who have used it is unnecessary, but those who have not done so will we are sure thank us for urging it upon their attention.

FOREIGN INTELLIGENCE.

Secret Remedies.—No remedy of a secret character, coming from whatever quarter it may, is entitled in any way to the slightest consideration of legitimate practitioners of medicine. If an experimenter is honest in his offers to submit to the scrutiny of those who observe his proceedings, it is due to those who are witnesses of his performances that he should act with the most perfect candour in every particular. If this be refused, we contend that no just conclusion can be arrived at, and that the door is opened to the most dangerous of all quackeries. It has been said that the worst of all tyranny is that which is worked with the machinery of freedom. It is equally true that the worst of all quackery is that which seeks for support from legitimate medicine. Our comments upon secret remedies have been founded on this conviction. The practice of medicine is an honourable and humane calling, having for its object the relief and cure of disease. All the great men whose names have done honour to the profession, have given to the world their experience and discoveries with a noble and disinterested philanthropy. Had it been otherwise, the great benefactors of mankind would now be regarded as impostors who sought to grow rich upon the sufferings of their fellow-creatures. We believe that Dr. Ogle was actuated by sincere and honourable motives in lending the sanction of his respectable name to the use of a secret remedy, and regret that he is at present unable to see the error which he has committed. We have no wish to be dogmatic, upon this or any other subject. As the guardians of the honour of the profession, we have thought it our duty to criticize with some severity the error in question. He is not satisfied with the strict justice of our remarks; but surely he will be open to conviction if the verdict of the profession, to a man, be against him. Unfortunately there is no court of honour to which in this country an appeal can be made. But if a jury were chosen of any twelve competent men, selected from any class or from any part of the kingdom, no one at all acquainted with the feelings of the profession respecting secret remedies could for one moment doubt what the verdict would be. The question of quackery is not to be discussed by an appeal to the status of the offender. Be he qualified or be he not, the moment that he employs a secret remedy is the period of time in which he separates himself from respectable and conscientious men. The questions relating to the honourable pursuit of medicine must be discussed upon broad and distinct principles. Once admit special pleading and subtle arguments into the dispute, and you make it one of pettifogging law, instead of a simple question of honour and justice.—*Lancet*, July 15, 1857.

Chloroform in Sea Sickness.—Dr. Wm. Henderson writes to the editor of the *Lancet* that he has lately had an opportunity of testing this remedy in his own person, and he states :—

"At its commencement, chloroform will neither prevent nor alleviate sea-sickness; but after the stomach has been freely emptied, and that most distressing stage of the complaint, dry retching, has supervened, then from ten to fifteen drops by measure, given on a small piece of sugar, and when passed into the mouth, cold water imbibed by little and little so as to facilitate the melting of the sugar and dilution of the chloroform, the transition from a state of extreme suffering to one of quiescence and comfort will be instantaneous and complete. If the patient will now maintain the recumbent position, and take only small portions of food or drink at one time, he will continue to enjoy comfort; and should the retching return, the same remedy will be found equally effectual.

"The quantity of chloroform I have mentioned is for adults. For children, from five to eight drops will be sufficient. My reason for preferring sugar as a medium is, that when water is used, the chloroform, from its specific gravity, falls into the mouth with the last drop of the water, and causes an unpleasant sensation in the mouth and throat. By giving it as I have directed, this is obviated. I need scarcely add that chloroform so administered cannot injure the most delicate organization. In giving chloroform, a *drop measure* should be used to prevent an overdose."—*Ibid.*

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The Ecraseur.—Although still employed occasionally by some surgeons, the écraseur appears to be rapidly falling into disuse in London. Though by no means warm admirers of the instrument, we almost fear that it is being discarded somewhat prematurely, the trial given having not been quite a fair one. From Paris we still hear reports of its very extensive employment, and of its being deemed one of the most valuable of modern improvements. That its use there has been too indiscriminate, and that its recommendation for some really absurd purposes has tended much to damage its English reputation, there can be no doubt. Still, however, we have the fact fairly proved, that without risking either sloughing of the wound, tetanus, or other ill consequence in a greater degree than when the knife is used, tumours, etc., of great vascularity may be removed without hemorrhage. That there are cases in which the effecting of this is of the greatest importance, no surgeon will doubt. In a certain number of selected instances, therefore, the écraseur may fairly be expected to enable us to remove tumours, etc , which otherwise it would be imprudent to meddle with. It may be interesting to observe that in Paris many surgeons have discarded the chain altogether, and employ only a cord. The latter is believed to cut with less contusion than the chain. It should be a soft cord of strong hemp, and not nearly so tightly twisted as whipcord. An instrument with a screw is also very preferable to one with a lever handle. Strong wire has been used with advantage in America.—*Med. Times and Gazette*, July 25, 1857.

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Detection by Etherization of Feigned Idiotcy.—Etherization has been resorted to in Belgium as a means of acquiring judicial information. After a considerable robbery committed at Brussels in November last, two men, named Lorch and Daubner, were arrested and brought to trial. The former was condemned to hard labour for life; but in consequence of the latter pretending to be dumb and idiotic, his trial was postponed, in order that a medical investigation should take place. It was found impossible to get even a sign of intelligence from him. As it was, however, known that he was not born dumb, and that he had spoken, when he said that he could speak no language but German, he was etherized, and while labouring under the effect of that application, he spoke perfectly, and in French. He was in consequence again brought before the tribunal, and condemned to ten years' hard labour.—*British Med. Journ.*, Aug. 1, 1857.

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Statue to Bichat.—The inauguration of the statue of the celebrated anatomist and physiologist, Bichat, took place in Paris on July 17th, with great *éclat.* The Minister of Police Instruction presided; and speeches, eulogistic of the life and labours of Bichat, were delivered by the President, by M. Amedée Latour, Baron Larrey, M. Serres, and M. Paul Dubois. The statue, which is in bronze, is the work of the celebrated sculptor David. Bichat is represented, in the costume of the time of the consulate, standing in an attitude of meditation. His arms are folded across his chest. The right hand holds a pen; from the left falls a roll, on which are written the names of his great works—*De la Vie et de la Mort*, and *Anatomie Générale.* At his feet, and behind, lies, half covered, a subject prepared for dissection. The pedestal of marble on which the statue rests bears the following simple inscription: "A Xavier Bichat: le Congrés Médical de France de 1845."—*Brit. Med. Journ.*, July 25, 1857.

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Twelvemonths' Incubation of a Vaccine Pustule.—M. Blache mentioned, at a late meeting of the Medical Society of the Hospitals of Paris, that M. Despaulx Ader vaccinated, in October, 1855, a young lady who was leaving for England. No result was obtained, and he had a letter from his patient more than a twelvemonth afterwards, saying that vaccine pustules had just appeared on the spot where the punctures had been made. The pustules went through their usual stages, and their nature was verified by an eminent English physician.—*Lancet*, May 30, 1857.

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A Domestic Detonator.—The number of accidents occurring in Paris from the common employment of gazogenes, or machines charged with aërated waters, has been so great as to attract the attention of the Society of Surgery. At a late meeting, upwards of twenty cases were recorded of explosion, with all the force of a gun, of these machines, the fragments causing in some cases very severe wounds. The employment of aërated waters is always grateful, and often very beneficial. They are gradually coming more generally into use in England, and would be still more commonly employed but for the exorbitant sums charged for the machines by London, compared to Paris, traders. We think it right to direct attention to the necessity of caution in using gazogenes, especially when they are just charged.

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Obituary Record.—It is with deep regret that we record the death of Dr. Marshall Hall, one of the most illustrious physiologists of our day. He expired on the 11th of August last, at Brighton, in the 68th year of his age.

THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Death after Ligature of Varicose Veins of the Leg.—We are always anxious to give a prominent place to instances of ill consequences resulting from any of the minor operations usually deemed devoid of risk, since it is very desirable that the profession should be kept well informed respecting them. Ligature of the veins of the leg, when in a varicose state, has recently, in the hands of Messrs. Lee, Erichsen, Partridge, and Simon, been deemed to have almost passed into the category referred to, and has been largely performed, without our having had to record any instances of ill result ensuing. It has been thought that the modified plan of operating now adopted had relieved the procedure of all its danger. Nor are we at all certain that the case we now have to notice is properly to be ranked as a disappointment of these hopes. There are, however, very suspicious circumstances. Although there is no *post-mortem* evidence of phlebitis or of pyæmic deposits, and although the death followed with such extreme rapidity on the first occurrence of alarming symptoms, and after a severe mental shock had been sustained, yet we have the awkward fact that rigors and vomiting were the first signals of danger. Such instances are, we suspect, not without parallel in the history of pyæmia; those, for instance, in which the patient dies right off in the first shock of the disease, without allowing time for any of the secondary and characteristic phenomena to be developed. Still we doubt not there will be differences of opinion as to the real cause of death in the following case, the brief note respecting which has been kindly supplied to us by the operator.

A woman, aged 44, was admitted on August 4 into the Westminster Hospital, under the care of Mr. Hillman, on account of varicose veins of the leg, with chronic congestion and superficial ulceration of skin

Published monthly by BLANCHARD & LEA, Philadelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage.*

☞ *In no case is this periodical sent unless the subscription is paid in advance.*

She was subject to great mental anxiety, but apparently otherwise in good health. The veins were ligatured in four places by hare-lip pins, and overlying pieces of bougie. The pins were removed on the 13th day. Four days after the removal of the pins, when all was going on well, her husband called, and exceedingly distressed her. Rigors and vomiting came on, and she died on the day following his visit. At the autopsy, no deposition of serum or pus in any organ, or local mischief of any kind was to be detected.—*Medical Times and Gazette*, September 12, 1857.

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Pirogoff's Amputation of the Foot.—The amputation at the ankle-joint, devised by M. Pirogoff, in which the os calcis is cut through into its middle, and the posterior half turned up into apposition with the under surface of the tibia, is gaining favour with our London surgeons. By Messrs. Busk and Tudor it has now been performed six times on board the Dreadnought, out of which in four cases the patients have recovered with excellent stumps, while in two, death (from pyæmia in one, and from renal disease in one) occurred before the wound was healed, the condition of the parts being, however, promising. Mr. Simon obtained one of the best stumps we ever saw in a case in which he performed it at St. Thomas's. Within the last six months, also, a child, under Mr. Partridge's care in King's College Hospital, had it performed with an excellent result. Mr. Ure's case in St. Mary's, the first, we believe, performed in London, ended fatally from disease of the brain, the stump being yet unhealed, and not, it must be admitted, in a hopeful condition; but we believe that Mr. Ure entertains notwithstanding a very favourable opinion of the operation. The greater length of limb which it secures, and the almost complete immunity from the risk of sloughing of the flap which it affords, are its great recommendations. It is, however, it must be granted, one of some nicety in performance, and should be practised on the dead subject prior to its adoption on the living.—*Ibid.*

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Pyæmic Abscess in the Sheath of the Femoral Vessels.—The case of a man who has recently died in Pitcairn Ward, St. Bartholomew's, under the care of Mr. Lloyd, is of much interest in several aspects. He was 39 years old, and first put himself under care on account of fistula by the side of the anus. This was laid open and healed well, and when it just healed he left the Hospital. His discharge was on a Friday. On the Saturday night following he had a rigor, attended with intense pain in the left hip. The pain continued most severe, and he was readmitted on Monday morning. A large abscess formed in the buttock, and required opening. Soon after his re-admission a second abscess commenced to form over the femoral vessels; in a few days this also required opening. A most careful dissection was required in opening it, as Mr. Lloyd and Mr. McWinnie, who assisted him, agreed in the opinion that the pus occupied the sheath of the vessels. After it was opened the vessels were found exposed at its bottom. The man had now passed into a condition characteristic of chronic pyæmia, being exceedingly emaciated and feeble. Several other abscesses formed in different parts, and the discharge was very profuse. It was, however, at one time hoped that by the very free use of stimulants he might eventually pull through, as he displayed considerable constitutional power in resisting the disease. This hope was, however, disappointed, and after an illness of about six weeks he at length sank. The case is remarkable on account of the long interval which elapsed between the original operation, and the supervention of pyæmia; also in regard to the rarity of pyæmia after the mere laying open of a fistula; and, thirdly, from the unusual location of one of the abscesses.—*Medical Times and Gazette*, Oct. 3, 1857.

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Sulphate of Copper in Glossal Cancer.—We have watched very particularly the treatment at the Cancer Hospital of cancerous ulceration of the tongue, distinguished by its deep, excavated character, with sometimes fissures running from its sides and irregular puckerings, and very generally preceded by nodular enlargement, with difficulty in the use of the organ. Who amongst us has not felt the sensitiveness of a little pimple on the tongue, arising from a hearty supper the night before, or from some slight indigestion? These small pimples often feel very sore and tender. If they are contrasted with the pain and embarrassment in the use of the tongue affected with malignant ulceration, an idea will be gained of the really terrible nature of the latter. Patients with glossal cancer seem to resign themselves with great fortitude to their sufferings, and it is a gratification indeed to the humane surgeon to find his measures afford relief. Now, of the various substances employed by the surgeons at the Cancer Hospital as a local agent, none appear to have so much control over the ulcers as powdered sulphate of copper. This substance is very efficacious in cancer of the tongue and cheeks. It is applied by means of a camel-hair pencil, generally twice a day, and allowed to remain four or five minutes; the mouth is then freely washed out with tepid water. It produces some pain, but this is willingly borne when the relief is found to be so great; and an excellent wash of borax, half an ounce to a pint of water, used frequently during the day, keeps the ulcer and the tongue clean and fresh-looking. Under the use of the copper, we have seen the ulcers slowly heal up and cicatrize, and a return to comparative comfort, as contrasted with the patient's previous condition.

On the 25th of August, a man from Farnewood, Mathew T——, aged sixty-two, presented himself for the first time with a deeply excavated, cancerous ulcer of the right side of his tongue, extending towards its base. It had been existing for two years, and fears now were entertained that the disease would extend to the roots, and destroy the organ and the patient's life. The treatment adopted was that we have described, with the addition of a soda powder twice a day for a week or ten days. We have no doubt that this plan will prove of service here, as it has already done in so many others.

Powdered sulphate of copper is an agent of great value, which cannot be underrated in these painfully distressing cases. We may remark, as a rule at this hospital, anodynes are avoided as much as possible, and pain is sure to become less under the sustaining treatment so commonly the practice here.—*Lancet*, September 12, 1857.

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Hysteric Tympanitis of the Abdomen—Difficult Diagnosis.—Dr. Ramskill has at present under his care, in the Metropolitan Free Hospital, a young girl of 17, whose case offers some very interesting features in respect to the diagnosis of abdominal tumours. Her abdomen presents pretty exactly the appearance of a seven months' pregnancy, and her father even went to the length of turning her out of his house on the supposition that such was her condition. She applied to several medical men, and very different opinions were expressed. On admission it was found that the abdomen, although round and full, was of clear percussion note in every part, that the umbilicus was depressed instead of protruding, and that no tumour whatever could be felt. On vaginal examination the uterus was found small, and its cervix of due length. Respecting the absence of any tumour in the abdomen, some caution must be exercised in giving an opinion, as she invariably holds the muscles so tense and board-like that pressure cannot be made with any satisfactory results. At times the abdomen will appear to be larger on one side than the other, and the external *contour* of a large ovarian cyst is very exactly simulated; but then there always remains the clear percussion note, which is inconsistent with such a supposition. The patient has now been carefully watched for nearly three months, and various medicines, purgatives, nux vomica, etc., have been given, but without any apparent result. The girl complains of much pain at times, but retains a fair degree of general health. The abdomen continues to increase in size. The case has been carefully considered in consultation with Dr. Ramskill by Dr. Barnes and Mr. Hutchinson, and the opinion entertained is that it will prove to be one of mere hysteric tympanitis, there being in reality no tumour whatever. It is a case, however, in which, if occurring in private practice, such an opinion could not be given without some hesitation.—*Medical Times and Gaz.*, Sept. 19, 1857.

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Accidental Burns from Phosphorus.—In its local effects upon the animal tissues, phosphorus acts as a powerful caustic, rapidly destroying their continuity, and producing sores in every way analogous to burns. It was in consequence of this effect of phosphorus that it was recommended by Paillard in place of the moxa, as more convenient and safe. There is this to be said of phosphorus burns, that occasionally a very troublesome and obstinate ulceration is left behind, which has been ascribed to the irritant properties of the phosphoric acid remaining in the wound, which is locally poisoned with it. The appearance of burns produced by this substance is like exaggerated drawings of weak ulcers. It is not often that instances are seen of accidental burns from this substance; but there is one at the present moment in the Royal Free Hospital, under Mr. de Méric's care. The patient is a lad, aged sixteen, who carried a small phial is his right trousers pocket, containing a piece of phosphorus in water. The bottle was broken by some accident, when the combustion of this substance took place in contact with his thigh and with the penis. This occurred on the 30th of August. The result was rapid ulceration of the foreskin and body of the penis, together with part of the thigh to the extent of three inches in diameter. There is at the present moment (September 21) phymosis, with a tendency to heal on the part of the penis, and we think most likely the deformity may be permanent, especially when the ulceration has healed. The ulcer on the leg is red and angry looking, as if in constant irritation, but has commenced to heal up. Mr. de Méric stated to us that he had lately at the German Hospital a somewhat similar case, only that the effects were far more extensive than in this boy.—*Lancet*, Oct. 3, 1857.

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Strychnine in Dilated Heart.—DR. CHAMBERS, at St. Mary's Hospital, has lately been employing strychnine with advantage in several cases of dilated heart. One woman, now in hospital, has twice been relieved of very extensive anasarca, dyspnœa, and *œdema pulmonum*, by this mode of strengthening the muscular force of the circulating organ. The drug is first applied to a blistered surface over the cardiac region, and when the topical application is insufficient, is taken also internally. The plan seems rational, and worthy of more extended trial.—*Ibid.*

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Registration of Births, Deaths, and Marriages.—We have received the following circular, to which we invite the attention of the profession throughout the United States.

The attainment of the object contemplated is most desirable, and should enlist the co-operation of all:—

"DEAR SIR: The American Association for the Advancement of Science, at its session held in the city of Montreal, in August last, appointed the undersigned a committee to prepare and report a plan for a uniform system of Registration of Births, Deaths, and Marriages, applicable to the United States.

"The necessity for such a measure, to meet the growing demands of science in its application to vital statistics, and the facilities which it would afford in establishing legal evidence in courts of justice, are of too obvious a character to need enforcing by argument. The success with which systems of Registration have been employed in Europe, and the gratifying results that have attended their application in some portions of the United States, lead to the hope that the time is not distant when we may have throughout the Union a practical and thorough system, accurate in its details and comparable in its results.

"From the diversity that exists among the several States, with respect to the organization of the subordinate divisions of government, and the duties of the several local officers who would be charged with recording the primary facts, we apprehend that the details of arrangement would need to be varied, to meet the circumstances of each, although the results, when obtained, might admit of a uniform classification.

"To acquire a knowledge of these varied conditions, and the means best adapted for meeting them, we respectfully request an expression of your views upon the following points of inquiry, as applied to the State in which you live, or in which you are best acquainted with the local details of State government:—

"1. What officers or persons might with the greatest propriety be charged with the duty of registering Births, Deaths, and Marriages?

"2. What rules would be necessary to secure full and accurate reports to this officer?

"3. What compensation should be allowed for registration and report, and how should this be paid?

"4. What are the probable difficulties that would attend the application of the system, and how might they be lessened or removed?

"5. What plans of registration are now in use, what is their history, and what are their defects?

"6. Have any systems of this kind been attempted without success? and if so, what were the causes of their failure?

"Any further facts or suggestions that you may be pleased to offer in reference to this measure will receive our careful attention. It is particularly desirable to procure any reports or publications that may have been issued, or laws that may have been passed, upon this subject. We are also desirous of procuring sets of the blanks that may be in use for making registration returns.

"Persons to whom this circular is addressed, if living in the New England States, will please direct their answers to E. B. Elliott, Esq., at Boston; those living in New York, New Jersey, Pennsylvania, or the States north of the Ohio River or north line of Missouri, to Dr. F. B. Hough, at Albany, N. Y.; and those living in the Southern and Southwestern States, to Dr. J. Wynne, 62 Clinton Place, New York City.

"It is hoped that these inquiries may elicit a full and free expression of opinion and advice upon this deeply interesting and very important subject, and that, from the combined experience of those who have given it their attention, we may be able to recommend a plan that shall meet the existing requirements of science, and accomplish the varied practical results expected from it.

"We are, with great respect,
"Your obedient servants,
James Wynne,
E. B. Elliott,
Franklin B. Hough."

Massachusetts Medical Society.—Complaint is made, in a recent No. of our contemporary, the *Boston Medical and Surgical Journal* (Oct. 22, 1857), of the denunciations fulminated against the Massachusetts Medical Society for receiving into Fellowship, individuals who, from their private character or empirical modes of practice render an association with them derogatory to the character of the Society. For this, however, they should, it seems, be rather pitied than censured. The *law* compels them so to do. But they are making a strenuous effort to free themselves, as soon as possible, from this compulsory enactment of the State, and they deserve and should receive the countenance and support of the profession everywhere in this laudable movement. A more enlightened and honourable set of men than are most of the members of the Massachusetts Medical Society are nowhere to be found. As is the case, however, in many of the other States, the laws there, instead of fostering and protecting medical science and its cultivators, have been so framed as to degrade and injure them, and to encourage all sorts of ignorant pretenders in the healing art. It is high time for the profession to rise in its majesty, to legislate for itself and throw off the shackles imposed on it by ignorant and unwise legislators.

"However defective the organization of the Society may now be," says our contemporary, "more thorough abomination of and disfellowship with quackery, practically, higher standards of professional acquirement, or more generous and elevated professional relations, than are found in this Society, do not exist anywhere. The laws of other Societies may be wiser, but the spirit which actuates the individual members is nowhere better. This, we believe, will be acknowledged by all who know us. And that ours has the "disposition and back-bone" to contend manfully, let the consequences be what they may, is shown by some of its recent acts. The Censors have rejected homœopaths, specialists who profess superior skill or methods peculiar to themselves, female practitioners otherwise well qualified, whenever they have had the opportunity, although, by so doing, each Censor has subjected himself, in each instance, to a penalty of 400 dollars. The Society has recently arraigned and expelled a member on presumption that he procured abortions; and another for unfairness of dealing with one of his professional brethren. In this latter instance, the Society was considered by the defendant as prosecuting him for his Hahnemannian doctrines, and the whole corps of homœopaths rallied in his behalf. He brought an action for damages against the two members who moved and seconded his expulsion, and another against a member who commented upon the act in the *Medical Journal;* and attached their property for the sums of ten to twenty thousand dollars each. The Society assumed the defence of the first action, and paid $600 for it. The second, and also a third action growing out of it, were also brought to trial, and sustained by the parties indicted at quite as large a sum. If other Societies can show that they have done and suffered more for the maintenance of the dignity and purity of the profession, then let them stone us and demolish our tabernacle as soon as they please."

Atlanta Medical College.—At the close of the course of lectures on the 3d of September last, the degree of M. D. was conferred on 46 members of the class.

New Orleans Medical News and Hospital Gazette.—Drs. CHOPPIN and BERARD have retired from the editorial corps of this excellent journal. It will in future be edited by Dr. D. Warren Brickell, assisted by Dr. E. D. Fenner.

The Cabinet of the late Prof. Henry S. Patterson.—We understand that the cabinet of Materia Medica of the late PROF. H. S. PATTERSON, embracing specimens of all the medicines used in class illustration, many of which are of rare value; together with 100 engravings, framed and glazed, of medicinal plants, and 31 beautiful paintings, in distemper, painted from the living plant, in full size, for class illustration, by celebrated artists, under the supervision of the Professor, is offered for sale. Information of the particulars may be obtained on application to Drs. Wiltbank and Darrach, Nos. 1105, and 1120 Arch Street, Philadelphia.

FOREIGN INTELLIGENCE.

Proximate Cause and Specific Remedy for Tuberculosis.—Dr. J. F. CHURCHILL sent to the Academy of Medicine of Paris, July 21, 1857, a paper on this subject of which the following are the conclusions:—

"The proximate cause, or at all events an essential condition of the tubercular diathesis, is the decrease in the system of the phosphorus which it contains in an oxygenizable state.

"The specific remedy of the disease consists in the use of a preparation of phosphorus, uniting the two conditions of being in such a state that it may be directly assimilated, and at the same time at the lowest possible degree of oxydation.

"The hypophosphites of soda and lime are the combinations which hitherto seem best to fulfil these two requisites. They may be given in doses varying from ten grains to one drachm in the twenty-four hours. The highest dose which I have been in the habit of giving to adults is twenty grains.

"The effect of these salts upon the tubercular diathesis is immediate, all the general symptoms of the disease disappearing with a rapidity which is really marvellous.

"If the pathological deposit produced by the dyscrasy is of recent formation, if softening has only just set in and does not proceed too rapidly, the tubercles are absorbed and disappear; when the deposit has existed for a certain time, when the softening has attained a certain degree, it sometimes continues in spite of the treatment, and the issue of the disease then depends upon the anatomical condition of the local lesion, on its extent, and upon the existence or non-existence of complications. I have made numerous attempts to modify the local condition of the lungs by the inhalation of different substances, but have never obtained any satisfactory result independent of what was to be attributed to the specific treatment. The hypophosphites of soda and lime are certain prophylactics against tubercular disease.

"The physiological effects which I have observed to be produced by the use of the hypophosphites of soda, lime, potash and ammonia, show these preparations to have a twofold action. On the one hand they increase the principle, whatever that may be, which constitutes nervous force; and on the other, they are the most powerful of hæmatogens, being infinitely superior to all medicines of that class hitherto known. They seem to possess in the highest degree all the therapeutical properties formerly attributed by different observers to phosphorus itself, without any of the danger which attends the use of that substance, and which has caused it to be almost forgotten as a medical agent. The different preparations of hypophosphorous acid will undoubtedly occupy one of the most important places in the Materia Medica."

The Academy resolved that the paper be referred to a Committee, consisting of MM. Louis, Trousseau, and Bouillaud.—*Dublin Hospital Gazette*, August 15, 1857.

Anæsthetic Substances.—Our readers may recollect that a few months ago amylene was recommended as preferable to ether and chloroform in producing stupefaction or anæsthesia, on the special ground that its employment was unattended with danger to the patient, or nearly so. MM. FOUCHER and BONNET have, however, in a recent communication, addressed to the Academy of Sciences, recorded facts leading to quite a contrary result. In twelve experiments performed on rabbits they have ascertained that the anæsthetic effects of amylene are produced within three and six minutes after its application. Before stupefaction is produced the animal utters piercing cries, and throws its head backwards; its breathing is accelerated, the globe of the eye is strongly injected and moves convulsively; a tracheal hoarseness always accompanying the above symptoms. The period of insensibility does not last long if the application of amylene be not continued; in the contrary case, however, a complete collapse takes place; the animal, stretched out without motion, obeys every impulse of the hand, and resembles a flabby mass, in which breathing is hardly perceptible. This state may last twenty minutes without causing death. The blood drawn from the arteries during this period still preserves its usual colour. Animals subjected to the action of amylene for a certain length of time continue after the operation in a state of stupor and imbecility, which sometimes lasts seven or eight hours; but in none of the cases observed by the authors of the communication has death followed the application of amylene. The conclusions resulting from their experiments are as follows: 1. Sulphuric ether, chloroform, and amylene are, of all volatile substances experimented on, the only ones that produce anæsthesia. 2. Amylene does not produce stupefaction unless the quantity of air with which it is diluted be very small; but then it acts upon the animal economy, and especially upon the respiratory organs in a manner which may produce dangerous effects. 3. Chloroform has all the advantages of amylene, without the evils which accompany the use of the latter. 4. None of the substances above mentioned produce anæsthesia, whether local or general, when applied to any peculiar part of the body by injection under the skin.

On the Employment of the Living Electric Fishes as Medical Shock-Machines.—Prof. G. WILSON, in a paper read before the Zoological Section of the British Association for the advancement of Science, at its late meeting, Dublin, stated that in prosecuting researches into the early history of the electric machine, he did not at first contemplate going further back than the seventeenth century, or commencing with any earlier instrument than Otto Guericke's sulphur globe, of 1670. His attention, however, had been incidentally directed to the employment of the living torpedo as a remedial agent by the ancient Greek and Roman physicians, and he now felt satisfied that a living electric fish was alike the earliest and the most familiar electric instrument employed by mankind. In proof of the antiquity of the practice, he adduced the testimony of Galen, Dioscorides, Scribonius, and Asclepiades, whose works proved that the shock of the torpedo had been used as a remedy in paralytic and neuralgic affections before the Christian era. A still higher antiquity had been conjecturally claimed for the electric Silurus, or Malapterurus of the Nile, on the supposition that its Arabic name, *raad*, signifies thunder-fish, and implies a very ancient recognition of the identity in nature of the shock-giving power and the lightning force; but the best Arabic scholars have pointed out that the words for thunder (*raad*) and for the electric fish (*ra'ád*) are different, and that the latter signifies the "causer of trembling" or "convulser;" so that there are no grounds for imputing to the ancient Egyptians, or even to the Arabs, the identification of Silurus-power with the electric force. In proof of the generality of the practice of employing the living zoo-electric machine at the present day, the author referred to the remedial application of the torpedo by the Abyssinians, to that of the gymnotus by the South American Indians, and to that of the recently discovered electric fish (*Malapterurus Beninenses*) by the dwellers on the Old Calabar River, which flows into the Bight of Benin. The native Calabar women are in the practice of keeping one or more of the fishes in a basin of water, and bathing their children in it daily, with a view to strengthen them by the shocks which they receive. These shocks are certainly powerful, for living specimens of the Calabar fish are at present in Edinburgh, and a single one gives a shock to the hand reaching to the elbow or even to the shoulder. The usages referred to appear to have prevailed among the nations following them from time immemorial, so that they furnish proof of the antiquity as well as of the generality of the practice under notice. The author concluded by directing the attention of naturalists to the probability of additional kinds of electrical fish being discovered, and to the importance of ascertaining what the views of the natives familiar with them are in reference to the source of their power and to their therapeutic employment.

Sir J. Richardson stated, that there were not fewer than eleven genera of fishes known that had the power of giving electric shocks. There was one peculiarity in all these fishes, and that was the absence of scales. In every one of them an apparatus had been discovered, which consisted of a series of galvanic cells put in action by a powerful system of nerves. He read extracts from a letter from Dr. Baikie, now engaged in exploring the Niger, in which that gentleman stated that he had met with an electric fish in Fernando Po, and which Sir J. Richardson believed was identical with the Malapterurus, which had been described by Dr. Wilson, from the coast of Old Calabar. The natives called this fish the Tremble-fish.—*British Medical Journal*, September 19, 1857.

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Presence of Copper in the Tissues of Plants and Animals.—Dr. Odling and Dupré, in a paper read before the Mathematical Section of the British Association, at its meeting in Dublin, stated that they had made more than one hundred examinations by a great variety of processes, and had recognized the presence of copper in nearly every instance. In several specimens of wheat grain and human viscera the copper had been estimated. From 100 grains of wheat-ash the authors had obtained 251 thousandths of a grain, and from a sheep's liver rather more than one-half a grain of oxide of copper. The process was to precipitate the copper electrolytically on a platinum wire, to dissolve in nitric acid, and to ignite the residue of the evaporated solution.—*Ibid.*

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Enema of Borax.—Arguing from the good effects of the local use of borax in aphthæ of the mouth, M. Bouchut proposes its employment, in the form of enema, in those cases of intestinal catarrh in children in which the mucous membrane becomes ulcerated around the anus. The formula he suggests consists of a drachm of borax to five ounces of a light decoction of pearl barley; this quantity of borax to be progressively increased to a drachm and a half, or a little more.—*Bulletin Géneral de Thérapeutique*, tome 52, p. 216.

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Fever in London.—It appears from the report of the London Fever Hospital for 1856, that the daily average of patients in the Hospital throughout the year was about 110, by far the largest number admitted into the Hospital in any year since its establishment, 55 years ago, exceeding by 300 the admissions in any former year. In regard to the types or forms of the fevers last year, there was nothing remarkable except the extraordinary proportion of typhus to typhoid, as compared with the three preceding years. The experience of the Hospital shows that typhus, strictly so called, is the most prevalent form, but this comparative prevalence varies in different years, as well as at different periods of the same year. Thus, in 1856 there were 1061 cases of typhus against 149 of typhoid (that form characterized by disease of Peyer's glands), being in the ratio of 7.11 to 1, while in the two preceding years (1854 and 1855) the proportion was only about 3 to 2, and in 1853 it was in the ratio of 2 to 1. The greatest disproportion was observed in March and April, in which two months there were 275 cases of typhus and only 16 of typhoid admitted—being in the ratio of 17 of the former to 1 of the latter. Again, it was observed that the months in which the two forms were most nearly equal were from August to November, the proportion in August being 1.4 of typhus to 1 of typhoid. Of that form of fever to which the term febricula has been given, characterized by the mildness of the symptoms, the absence of peculiar rash, and of any organic complication, there were 89 examples, all of whom recovered. The numbers admitted with scarlet fever were 183, being a slight increase as compared with the cases received in 1855. It was most prevalent in April and October, the admissions being 31 and 26 respectively. In regard to the acute diseases *not* fevers, they were, as usual, acute affections of the various internal organs, with accompanying or symptomatic fever. They consisted of diseases of the brain, inflammation of the lungs, tuberculous affections in various parts, erysipelas, and acute and chronic diseases of the kidneys. Of this class there was a large proportion—217. The mortality last year was 289, being out of the total numbers admitted and under treatment on the 31st of December, 1855 (1882), in the ratio of 15.3 per cent., including, of course, the deaths from fevers as well as from other diseases. Of the cases of typhus under treatment (1117), the mortality was 204, or about 18 per cent.; of typhoid, it was 24 out of 180, or about 13 per cent. Of the 189 cases of scarlet fever, the deaths were 14, or 7 per cent. Of the other acute diseases *not* fevers (291), there were 47 deaths, or about 16 per cent. To show the severity of the cases, and, in too many instances, the hopeless condition of the patients when admitted into the Hospital, it may be stated that 152 patients died within a week after admission, and of those 27 did not survive 24 hours. Comparing the mortality of 1856 with that in the preceding year, the proportion of deaths was much smaller. In 1855 the gross mortality was nearly 17 per cent. (last year it was 15); that from typhus 25 per cent. (last year it was 18); from typhoid 13 per cent. (last year it was nearly the same); scarlet fever was also less fatal last year than in 1855, being about 7.4 against 12.7 per cent.; while of the acute diseases not fever, the mortality was about 1 per cent. higher than in 1855. Notwithstanding the large number of patients in the Hospital last year, imposing necessarily increased labour on those in attendance on the sick, the nurses and inmates of the establishment have, with a few exceptions, escaped. One of the housemaids was seized with typhus, but she recovered. Three of the nurses were also the subjects of typhus, and they also recovered, as well as another nurse who passed through a mild form of scarlet fever. —*Med. Times and Gaz.*, July 11th, 1857.

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Ophthalmological Congress at Brussels.—This Congress has just closed its labours, and the result of this great gathering of ophthalmic surgeons is the accomplishment of as much as might be expected of such meetings. The governments of the principal states of Europe had sent military medical officers to the Congress, as questions of much importance to the health of the soldier were, according to the prospectus, to be discussed. We find that Dr. S. Roberts was the delegate for England. The meetings were attended besides by a large number of medical men from various countries. In the published list, we perceive the names of Mr. Bowman, Mr. Dixon, and Dr. Little. The Chairman, M. Fallot, President of the Academy of Medicine of Brussels, opened the Congress by an excellent speech, and the questions, divided into three series were, by means of reports, successively brought before the general meetings. (See *The Lancet*, Aug. 22, p. 209.) The delegates of the different nations also read papers on the nature and frequency of diseases of the eye in their respective countries, on the remedies used, on the institutions for diseases of the eye, and the schools specially intended for the study of ophthalmology. Military purulent ophthalmia was one of the principal questions discussed, and much was elucidated, although it clearly appeared that some doubts still remain to be cleared up touching some points of the pathology of the disease. Various other subjects were brought before the meetings, amongst which we may name—the ophthalmoscope, which now stands by the side of the stethoscope and the speculum; the adaptation of the eye; the specificity of certain kinds of ophthalmia —(it is the opinion of the Congress that specific diseases of the eye should be combated both by a specific general treatment and local applications); the practice of completely secluding the palpebræ (which was condemned); the utility of special institutions for the treatment of diseases of the eye (which was fully recognized), &c. &c. A general wish for the foundation of ophthalmological chairs in all the faculties of medicine was expressed. Papers of some importance were read: amongst these we may mention one by M. Gräfe, of Berlin, in which he brought forward new views respecting glaucoma; another by M. Serre d'Uzès, on phosphenes, &c. &c. Many objects of great interest were exhibited. M. Von Ammon, of Dresden, showed a collection of illustrations of diseases of the eye, as yet unpublished, which is highly spoken of; M. Testelin presented a preparation of the conjunctiva which proves that this membrane is really continuous over the cornea. At the Brussels Ophthalmic Hospital, M. Donders, of Utrecht, and De

Gräfe, were, by the staff of the institution, allowed to illustrate the use of the various modifications of the ophthalmoscope made by Messrs. Pätz and Flohr, of Berlin. M. Boissonneau exhibited his artificial eyes, which have reached so high a perfection; they were much admired, and brought upon the maker the greatest encomiums; and M. Bonnels, of Brussels, presented a complete collection of all the instruments used in operative ophthalmic surgery. On the following subject there was but one opinion—viz., that the improvement of any special branch of medical science, and of ophthalmology in particular, requires special and persevering studies; but that all those who devote themselves to this sub-division of our art should, beforehand, be practical men in the whole range both of medicine and surgery.—*Lancet*, Oct. 3, 1857.

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National Association for the Promotion of Social Science.—A new society has been formed, entitled the "National Association for the Promotion of Social Science;" and the first meeting is announced to take place on the 12th October, at Birmingham, under the presidency of Lord Brougham. The object of this Association, in the language of the prospectus, is, "to aid the development of the social sciences, and to guide the public mind to the best practical means of promoting the amendment of the law, the advancement of education, the prevention and repression of crime, the reformation of criminals, the establishment of due sanitary regulations, and the recognition of sound principles in all questions of social economy." The proposed mode of action is, to bring together, once a year, the different societies and individuals who are interested in furthering any of these objects. Among the general committee we observe the names of several distinguished members of the medical profession, and among others, those of Sir James Clark, Sir John Forbes, Dr. Conolly, Dr. Babington, Dr. W. Farr, Sir Charles Hastings, Dr. Southwood Smith, and Mr. Simon; and among the laity who are friends of the profession we find the names of the Right Hon. Mr. Cowper, the Right Hon. Mr. Napier, Mr. Headlam, and Mr. Hawes. In the Department of Public Health, Lord Stanley is President; and the committee comprises the names of some of the most active promoters, both lay and medical, of the objects of sanitary science.—*Dublin Hospital Gazette*, September, 15, 1857.

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Two Medical Victims of the Dangers Incident to their Profession.—M. Geoffroy, a highly respected physician of Avignon, in France, formerly mayor of that city, and for many years at the head of the Asylum for the insane, was lately assassinated by an epileptic inmate of the establishment. The wretched patient was subject to fits of furious mania, but had for some time past been very quiet, and was thought to be in a fair way of recovery. He was a tailor by trade, and busy at work, on the 30th of April last, during M. Geoffroy's presence in the ward. Towards the end of the visit, he requested the doctor to look at his leg, where he stated he was experiencing pain; and whilst M. Geoffroy was stooping to examine the limb, the man passed his arm round M. Geoffroy's neck, and thrust into the left side of his chest the long scissors used in his trade. He was just going to make a second thrust when he was secured by the house-surgeon and the steward. The weapon had reached the heart, and M. Geoffroy died in a few moments. The patient had not evinced any dislike for the ill-fated physician, and was most respectful and docile. It is supposed the horrible deed was done whilst the patient was labouring under a hallucination. The other victim is a medical man named Salle, practising in Nancy. This gentleman was completing the operation of tracheotomy, which he had undertaken upon a child suffering from putrid sore throat. Dr. Salle, who was only twenty-nine years of age, seeing the trachea quickly filling with blood, put his lips to the wound, and drew by inspiration the fluid ready to choke the child. The next day, the same putrid state of the fauces and the tonsils appeared in M. Salle, and forty-eight hours afterwards he died, in spite of the efforts made by his colleagues to save their noble-minded friend's life.

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Electrical Chorea.—For the last twenty years, the physicians of Milan and Pavia have observed this disease, as presented by persons coming from the country into the hospital. It is characterized by partial clonic spasms in the upper or lower extremities, the trunk or face, but generally on one side of the body only. The movements are very like those excited by electricity—hence the name. Dr. Dubini, of Milan, described the disease first in the *Annali* of 1846; and Dr. Pignacca has lately given, in the *Liguria Medica*, an excellent paper on the complaint, grounded on thirty-eight carefully observed cases. It would appear that the affection generally proves fatal, and the author thinks that it depends on a softening of the spinal marrow, analogous to the same kind of change of which the brain is sometimes the seat.—*Lancet*, Aug. 8, 1857.

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Ophthalmia in Prussia.—The affection of the eyes which has lately exhibited itself in so virulent a form amongst the troops in garrison here is stated by medical men to be the Egyptian ophthalmia; it manifests itself in a number of small white vesicles below the lower eyelid, which, if not promptly removed by a solution of lunar caustic, increase very rapidly, and soon extend in the form of a white crust or scab over the whole eye, and dry up its fluids. Although some entire regiments have hitherto escaped this infliction, others have had such considerable numbers of their men rendered unfit for duty that the men of the reserve have been obliged to be called out in order to keep up the regiments to even their peace complement. The exertions of the regimental surgeons have, for the present, succeeded in mastering the epidemic; and, if no new outbreak occurs, it may be looked on already as in a fair way of disappearance. The same seems to be the case with the sickness which has affected the horses of the cavalry in Potsdam. Very shortly after they were distributed throughout the surrounding villages it became apparent that they were recovering so rapidly that they would soon be able to be brought back to their own stables and do duty. What the nature of this affection of the horses has been we have not been able to learn.—*Lancet*, September 12, 1857.

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Observations on Vaccination.—M. Blache communicated to the Paris Hospitals Medical Society the particulars of a recent curious instance of prolonged incubation of vaccinia. A young lady was vaccinated without any result, and she crossed over to England. More than a year afterwards, the vaccine eruption went through all its stages in a completely normal manner, under the supervision of a distinguished English practitioner. M. Blache knows of cases of six weeks' incubation, but never heard of one like the present. M. Legroux took the occasion of mentioning the results of his vaccinations at the Hôtel Dieu. It having been observed that women frequently returned to the Hospital soon after confinement, their infants having contracted the smallpox, he has been of late in the habit of vaccinating infants born there when only two or three days old. Enormous pustules with deep ulcerations and delayed cicatrization have been the results. Successful vaccination was, however, performed with these pustules taken on the 15th day. M. Blache observed that he has frequently vaccinated healthy new-born infants in four places without any ill effect; but on vaccinating unhealthy infants at the Cochin Hospital he has met with the same ecthymatous pustules and ulcers, running together, as described by M. Legroux. M. Hervez de Chegoin believed the conditions observed by M. Legroux depended more upon the vaccine lymph than the age of the infants. Very similar results followed the employment of the virus discovered among the cows at Passy. M. Gilette had met with a case in which large ulcers menaced the life of a child that had been vaccinated at the Maternité very soon after its birth. M. Hervieux believed that the accidents noted by M. Legroux may be due to the development of the lymphatic system in the infant, The frequency of angioleucitis, adenitis, sometimes going on to axillary abscess, complicating vaccinations, supports this view. M. Legendre observed that adenitis is no complication but a constant phenomenon of vaccination.—*Med. Times and Gaz.*, October 10, from *Union Médicale*, No. 5.

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New Food for Bees.—Two agriculturists of the Department of the Var observed one day, in the month of May last, that all their bees had left their hives, although the latter were filled and exceedingly heavy. Towards evening the fugitives returned heavily laden, but on the following morning set out again in a direction which was this time carefully noted by the farmers, who had been watching their doings. They immediately followed them, and soon arrived at a farm where cakes of tilseed, which had been previously subjected to the oil press, were being beaten up into a paste with water, to be used as manure for potatoes. There, to their surprise, they saw their bees clustering round the tubs containing the paste, evidently enjoying a luxury hitherto unknown to them. The lesson was not lost upon the agriculturists, who immediately procured their bees abundance of this food, and have now been rewarded with nearly ten times the usual quantity of produce, besides an immense increase in the reproduction of the insect.—*British Medical Journal*, September 26, 1857.

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The Heat in India.—The *Moniteur de l'Armée* publishes a letter from Bombay of the 14th of July, which states that the heat is greater this year in the presidency of Bengal than ever was remembered. On the 25th of June the thermometer marked 52 degrees (centigrades) above zero in the English camp before Delhi. Several soldiers died that day of sun-stroke.—*British Med. Journal*, August 22, 1857.

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Cholera.—This disease prevails over the north of Europe. At Hamburgh, between the 29th August and 6th September there were 239 cases, of which 136 proved fatal.

Much apprehension exists in England of an invasion of the disease, and a circular has been issued by the General Board of Health to the local Boards, calling attention to the facts, and earnestly recommending especial vigilance to be exercised to protect the public health.

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Extraordinary Fecundity.—It is stated in a recent No. of the *Magazine of Natural History, &c., of Moscow*, that the peasant Kirilow was presented, along with his wife, to the Empress. This peasant was married, for the second time, at the age of 70. His first wife was delivered 21 times; four times of 4 infants at a birth; seven times of 3 infants, and ten times of twins; in all 57 children, then alive. The second wife had already been delivered seven times; once of triplets; and six times of twins; in all fifteen living children.

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Suit of an Apothecary Against a Surgeon.—An apothecary of Anvers recently brought a suit against a surgeon for depriving him of custom by saying that his medicines were badly prepared, and at the same time recommending another apothecary and sending his patients to the latter. The surgeon was fined ten dollars and ordered to pay the costs of the suit.—*Revue de Thérap.*, Aug., 1857.

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Morals of the Viennese.—It, appears from the statistics published by the Common Council Bureau of Vienna, that the number of illegitimate births in that city has almost equalled the number of legitimate births during the four years from 1853 to 1856. The following are the figures on the subject: 1853. Legitimate births, 11,264; illegitimate births, 10,686. 1854. Legitimate births, 11,252; illegitimate births, 10,801. 1855. Legitimate births, 10,650; illegitimate, 9,522. 1856. Legitimate, 10,870; illegitimate, 10,311.—*Medical Times and Gazette*, Sept. 12, 1857.

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Imperial Joseph's Academy of Vienna.—Prof. PITHA, of Prague, has been recently appointed Professor of Clinical Surgery, and Prof. DUCHEK, of Heidelberg, Prof. of Clinical Medicine in this Institution.

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OBITUARY RECORD.—Died, at Oxford, on the 24th of Sept., JAMES ADEY OGLE, Regius and Aldrichian Professor of Medicine, Tomline's Prælector and Aldrichian Professor of Anatomy, and Clinical Professor, in his 65th year.

——, on the 30th of Sept., Dr. JAMES WILSON, an excellent and well-known physician of Glasgow, in the 75th year of his age.

——, in London, on the 2d of October, ROBERT KEATE, Esq., Sergeant-General to the Queen, at the age of 81 years.

——, at Dublin, on the 11th of October, in the 52d year of his age, O'BRIEN BELLINGHAM, M. D., Surgeon to the St. Vincent's Hospital, Dublin, and Secretary to the Surgical Society of Ireland. He was well known to the profession by his treatises on diseases of the heart, and on the cure of aneurism by compression.

French military medicine has just sustained a great loss by the death of M. FELIX JACQUOT, agrégé at Val de Grace, and Chevalier of the Legion of Honour. He was suddenly cut down by pneumonia, at the early age of 38, in the midst of a most flourishing career.

THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Chlorate of Potash in Scurvy.—In the course of a recent visit to the decks of the Dreadnaught Hospital Ship, the resident Medical officer, Mr. CORNER, directed our attention to a severe case of scurvy, and stated that he now always prescribed the chlorate of potash in that disease. It had the effect, he stated, of curing the sponginess of the gums much more rapidly than could be done by any other treatment. He had never given it excepting with lime-juice, etc., at the same time; and the proof he relied on was, that in cases treated without it, and by the latter means only, the gums got well more slowly. The speedy restoration of a sound state of gums is of course of great importance, since it enables the patient to take food much better. Mr. Corner's fact is one of great importance, since it goes to establish the assertion of the writer in a report on this salt, that chlorate is curative of all inflammations of the mouth and gums, whatever their cause, syphilitic and cancerous alone excepted. It will cure the follicular, ulcerative, and phagedænic forms of stomatitis like a charm, and perhaps even true cancrum oris if taken early; in hæmorrhagic purpura, although it has no influence whatever on the disease itself, it will harden the gums and prevent their bleeding; it is a speedy remedy in mercurial ptyalism; and now we may add the spongy gums of scurvy to the list of mouth affections over which its spell has potency. What is more singular still, it will, when given in full doses to healthy persons, in some instances, produce a form of stomatitis exactly resembling the one against which it is a specific! Such are its powers; who will explain to us its *modus medendi?—Med. Times and Gazette*, Nov. 7, 1857.

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Chronic Pleurisy with Effusion—Thoracentesis.—An instructive case of chronic effusion into the pleural sac is at present

Published monthly by BLANCHARD & LEA, Philadelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage.*

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under Dr. JEAFFRESON's care in St. Bartholomew's. The man is aged about 55, and was in tolerable health, when an illness, characterized by the symptoms of subacute pleurisy, first occurred. This was about five months from the present time. He was admitted about six weeks ago, Dr. Martin being then on duty. The left chest was found to be full of fluid, though not very greatly distended, the heart not being displaced. Puncture of the chest was performed by Mr. Coote at Dr. Martin's request, and upwards of two pints of clear serum evacuated. Dr. Jeaffreson has since pursued a diuretic and mercurial plan of treatment, but without as yet any effect in procuring the absorption of the remaining fluid. The man has suffered but little in general health, and has been allowed to be up and about the ward. The non-absorption of the effusion has suggested to his attendants whether there may not possibly be some mechanical cause for it, in the shape of a malignant tumour or aneurism. Against such a supposition, however, is the man's account of a pleuritic seizure in the first instance, and after all it is not so rare for absorption to be exceedingly tardy in similar cases. There is at present an almost parallel one under Dr. Risdon Bennett's care in St. Thomas's. In it a man of about 45 has had the left chest just full for about three months, six weeks of which time has been spent in the Hospital. Mercurials have been cautiously but fully used, as well as squills, broom, and other esteemed diuretics. No effect on the fluid has, however, as yet been produced. The man is kept in bed, and suffers remarkably little inconvenience. Drs. Barker and Bennett met in consultation three weeks ago as to whether the chest ought to be relieved by puncture, but were of opinion that it would be better not to interfere. A few weeks ago we also saw a case of like nature, only in a much younger subject, under Dr. Barlow's care, in Guy's. In it absorption was just complete, and the boy was about to leave the Hospital. Dr. Barlow observed that his faith in the usefulness of thoracentesis had very much waned of late. The majority of cases in which it was adopted would, he believed, do equally well without it.—*Med. Times and Gazette*, Nov. 7, 1857.

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Chronic Vomiting with Sarcina.—There is a case now under Dr. FULLER's care in St. George's, in which the sarcinæ ventriculi are very abundant in the matters vomited. The patient is a sallow man, aged 35, by occupation a fisherman. His symptoms, the chief of which has been obstinate vomiting, commenced about three months ago. The quantities ejected are often very large. There are no marked signs of obstructive pyloric mischief, malignant or otherwise. The vomiting has been less frequent since his admission, not having occurred more than once a day on the average. Dr. Bence Jones remarked the other day, in going round the wards, respecting the presence of sarcinæ, that they were not at all unfrequent in cases of chronic vomiting from whatever cause, and possessed, as far as he was aware, no special value as an indication. This is, we believe, the opinion now generally entertained respecting them by our hospital physicians.—*Med. Times and Gazette*, Nov. 7, 1857.

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The Upper and Lower Section of the Cornea in Extracting Cataract.—Mr. WHITE COOPER has lately been testing the merits of the upper and lower section in extraction of cataract in thirteen cases in St. Mary's Hospital and the North London Eye Infirmary. The upper section was performed on six eyes, the lower section on seven. The results were as follows: Upper section: In all the cases the sections united well; in five there was good sight; in one the pupil is temporarily obstructed by opaque capsule, which, however, can readily be removed. Lower section: One eye suppurated, the patient being a very unfavourable subject; in another eye the pupil was drawn down in consequence of non-union of wound, and prolapse of the iris. Five recovered well, with good sight. The case in which the pupil was dragged down was a flabby, elderly man, with very feeble powers, and probably the subject of fatty degeneration. He had undergone extraction in the other eye in 1856, and recovered good sight, though the section was nearly a month in uniting.—*Med. Times and Gaz.*, Oct. 17, 1857.

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Artificial Prolapse of Iris for Acute Glaucoma.—Artificial prolapse of the iris for the relief of what is called acute glaucoma, has, in the following case, at the London Ophthalmic Hospital, been attended with a satisfactory result by the operation introduced by Graëfe. The man, a patient of Mr. Critchett, injured the left eye three years ago. Immediate loss of vision, and final softening and squaring of the globe, were the results. Six weeks after the injury, when the inflammation had subsided in the left eye, a black speck spontaneously appeared in the right eye, which, within three months, diffused into a general mist. Six months later an inflammation appeared, which, continuing for six weeks, ended with considerable impairment of vision. Three similar painful inflammatory attacks ensued before the patient came to the hospital. The conjunctiva was then very vascular; the cornea slightly hazy; the iris of a dull grayish-blue colour; the pupil large and immovable; the area of the pupil of a dull grayish hue, as if occupied by some disk-shaped exudation; the eyeball very hard and painful. The patient only saw the shape of large objects. Mr. Critchett, after having removed the left globe, opened the right cornea at the outer edge with a broad needle, and with the blunt hook drew out a considerable portion (one-third) of the iris, leaving it in the corneal wound. The grayish hue in the area of the pupil proved to be some kind of membranous exudation thrown out there. As soon as the aqueous humour escaped, it folded up and moved on the inner anterior aspect of the iris. Mr. Critchett considers that the inflammation in the eye is accompanied by so much exudation that its pressure is injurious, and that by drawing out the iris a kind of filter is established, which, whenever in the course of inflammation the quantity of fluid in the eye would be sufficient to press upon the contents of the globe, allows the injurious abundance of fluid to drain away. Ten days later, the conjunctiva was much less vascular, the cornea transparent, the iris of normal colour, and the area of the pupil black; no pain. The patient could tell the time by a small watch. Before he came to this hospital, he had been treated with calomel and opium, and there is little doubt that if no surgical means had been adopted vision would have been lost. This kind of treatment for so-called acute glaucoma being new, we have thought proper to enlarge upon the case, especially as these cases are not unfrequent, and before this time were looked upon as almost hopeless. —*Lancet*, Oct. 17, 1857.

Removal of the Lens, &c, for the Relief of Conical Cornea.—The use of powerfully concave glasses after removal of the lens in cases of conical cornea was well illustrated by a case which came under our notice the other day in Mr. CRITCHETT's practice at the Moorfields Ophthalmic. A labouring man from the country, aged 31, presented himself about six weeks ago, being very nearly blind from the joint effect of conical cornea and opaque capsule in the axis of vision. He stated that he had been born blind, and at the age of four had had his sight restored by couching by Mr. Lawrence in St. Bartholomew's. After Mr. Lawrence's operations he could see fairly until the age of 20, when his sight began gradually to fail him. To use his own expression, a sort of film seemed to form over them, and he saw things very indistinctly. Both corneæ were now conical to a marked, though not to the most extreme degree, and in each pupil was a floating piece of opaque capsule. It appeared probable that the failure in his sight was rather connected with the alteration in the curve than with the capsular remains, since the latter had most likely existed ever since the original operations. He had never worn spectacles. Mr. Critchett tore through the membrane in each eye with the needle, and ordered him to be supplied with powerful concave glasses. The effect of these is to enable him to see very fairly. He can distinguish features, see the time by the clock, and read large print. His vision, as regards distant objects, and when looking towards the light, is still very indistinct, but the advantage gained is quite sufficient to encourage to the adoption of similar measures in future cases of this almost hopeless affection. By first getting rid of the lens, the eye is made amenable to relief by spectacles, when it would not otherwise have been so. It is an interesting speculation in the above case, whether the production of the conical shape of the cornea may not have been due to the efforts to adjust the eye after removal of the lens, the use of the ordinary magnifying glasses having been neglected. A slight degree of conical cornea would be an advantage after the operation for cataract. It is easy to conceive that if spontaneously produced with a curative intent it might in the end exceed its mission, just as hypertrophy of the heart in obstructive valvular diseases often does, and cause a greater evil than it had at first relieved.

The case is one of several which have recently occurred at the Ophthalmic, in which grown up persons, having been operated on in infancy for cataract, have neglected, through ignorance, to procure spectacles, and, consequently, never obtained good sight.—*Med. Times and Gazette*, Nov. 7, 1857.

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Dislocation with unusual Symptoms.—"One of the most constant and characteristic symptoms of dislocation, and one which seems to distinguish the injury from fracture, is the fixed condition of the limb. In some cases there is absolute immobility of the limb, so that it can neither be moved by the voluntary efforts of the patient, nor even by the surgeon. This complete immobility is usually found in joints which move only in a single plane; for example, it is particularly observed in dislocation backwards of the elbow."

These remarks will doubtless receive a very general assent, but a most remarkable instance to the contrary was seen the other day in the surgery of St. Bartholomew's Hospital. A middle aged man presented himself with a simple dislocation of both bones of the right forearm backwards, which he stated had been caused by a fall from a cart. There was an extraordinary amount of mobility, indeed the parts about the elbow were so lax and admitted of such free motion in all directions, that at the first glance it had the aspect of a comminuted fracture. Moderate extension with the forearm at an obtuse angle, sufficed to reduce it. The natural relation of the bones was at once perfectly restored, and no fracture or other injury could be detected on a careful examination.

Mr. Lloyd, who saw and examined the case, stated that he had never seen a similar one.—*Med. Times and Gaz.*, Oct. 17, 1857.

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Disseminated Painful Subcutaneous Tubercles.—A single tumour of this kind, generally as large as a pea or a coffee-berry, occasions fits of the most excruciating pain, and, when present in women, is the cause sometimes of hysteria and allied affections. We have seen them removed from the breasts of females, and have noticed them crying and sobbing in the most hysterical manner. Extirpation has always given permanent and immediate relief. Our readers will be interested to learn that there is a case in St. Bartholomew's Hospital at present, in a delicate-looking, nervous female, whose body is actually covered by hundreds of them, varying in size, but not exceeding that of a pea. They are not all simultaneously painful, but numbers of them one after the other become so, and are removed by Mr. Coote with the knife under the influence of chloroform. This case was supposed by some present to be identical with the disease known as molluscum, a good example of which has already appeared in our " Mirror," as occurring at King's College Hospital under Mr. Bowman's care; but it is a different thing altogether, as the little tumours are entirely subcutaneous, and most likely involve some minute nervous fibril. Molluscum, on the other hand, is characterized by numerous small growths *upon* the skin, springing from the sebaceous follicles, and attaining to the size of peas, marbles, walnuts, &c., and utterly devoid of pain. Mr. Coote's case, moreover, does not bear the slightest analogy even to the cases of true neuroma, as described in Mr. R. W. Smith's work on the subject.—*Lancet*, Oct. 10.

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Rarity of Pyæmia after Herniotomy.—Those who have had large experience of operative practice, have long been accustomed to observe on the exceeding rarity of death from pyæmia after the operation for hernia. We have it very frequently after amputations, not seldom after the removal of tumours, now and then after lithotomy, but almost never after herniotomy. Our list for the last three months, published last week, singularly enough contains no fewer than three examples of its occurrence. In all, the disease proved fatal. About a year ago, a case occurred under Mr. Stanley's care, in St. Bartholomew's, but, with that exception, we scarcely recollect a single example of it prior to those referred to. Another class of operations after which pyæmia is even yet more unfrequent, is that of removals of sequestra in cases of necrosis. And here it is fair to remark that a strong argument against the opinions of those who attribute pyæmia to the use of chloroform, is contained in the fact just mentioned. Necrosis operations are often very tedious, and involve the patients being kept under the anæsthetic for periods usually three or four times as long as is requisite for an amputation, yet the latter is very often followed by pyæmia, and the former almost never. If we seek for the explanation of its rarity after hernia operations, we shall have to presume two laws as established respecting it: 1st, that it is by far more apt to occur after injuries to large veins than under other circumstances; and 2dly, that it is often conveyed by direct contagion, as from sponge, the surgeon's fingers, dress, &c. Now, neither hernia operations nor excisions of sequestra usually involve the division of large veins, nor do they require anything like the amount of dressing and of handling that a stump requires. In an amputation, the hands of several assistants are commonly brought in contact with the cut surface, and repeated dressings are afterwards necessary, thus multiplying the chances of contagion.—*Med. Times and Gaz.*, Oct. 17, 1857.

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Cystic Disease of the Lower Jaw.—A very striking and well-marked case of this affection is in St. Bartholomew's Hospital just now, under Mr. Coote's care, and well worthy the careful examination of the student. An old and hearty-looking man, seventy four years of age, has a most extensive cystic enlargement of the lower jaw on the left side, which has been coming on for five years, and extending into the floor of the mouth, in which situation the cysts are fluctuating. The origin of the affection in the present instance Mr. Coote attributes to the irritation produced by the stumps of decayed teeth. He punctured some of these cysts with a trocar, and gave exit to a sero-purulent fluid from one, and fluid like the white of an egg from two others. On the 5th of September he pulled out a couple of bodies of teeth, with scarcely any remains of fangs, but in their stead some irregular fibrous-like projections. The removal of these permitted the flow of a sero albuminous fluid, the teeth having acted like stoppers. Since the man has been in hospital, the size of the tumour has most certainly diminished one-third under the plan of treatment of puncturing. The age of the patient precludes the possibility of attempting any more severe measures than those already adopted. On the 21st the swelling had somewhat increased, and three or four of the cysts were again punctured, with the discharge of a thick, clear, yellow fluid, and several of these were run into one internally. This was done under partial anæsthesia from chloroform. One of the cysts discharged a good deal in the mouth; this was partly swallowed, and had caused indigestion.—*Lancet*, Oct. 10, 1857.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Ligature of Common Carotid.—This operation has lately been performed by Dr. Samuel Choppin, at the Charity Hospital, New Orleans. The patient was doing well.—*N. O. Med. News*, Nov. 1857.

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Glycerine and Tannin in Sore Nipples.—It is stated in the *Boston Medical and Surgical Journal*, that equal parts of glycerine and tannin is an effectual application for sore nipples, and also for chaps and excoriations of other parts.

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Bequest to a Family Physician.—The late John E. Thayer, of Boston, among other liberal provisions of his will, has bequeathed to the venerable Dr. James Jackson, the medical attendant of the family of the deceased for two generations, one thousand dollars a year during his life, to be continued to Mrs. Jackson if she survives her husband. It is also ordered that the first payment of this annuity shall be made in ten days after the will is proven. The intelligence of this bequest was imparted to "the good physician" on his eightieth birthday. "We feel sure," says the *Boston Transcript*, "that no remembrance was ever made that will give more general and cordial satisfaction in the community;" and, we may add, in the profession. This solid man, Mr. Thayer, evidently had a soul. Peace to his ashes!—*Virginia Med. Journ.*, November, p. 436.

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Dr. Geo. Hayward.—The trustees of the Massachusetts General Hospital have had executed a marble bust of Dr. George Hayward, in commemoration of his long and brilliant services to the institution under their charge. The artist, Mr. Dexter, has very happily reproduced the expressive physiognomy of the gifted surgeon.—*Ibid.*

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Obituary Record.—Died, at Jones' Hotel, in this city, on the 4th of October, Dr. Elisha Gatchell, of Kennett Square, Chester County, Pa., in the 30th year of his age.

Dr. Gatchell was a zealous and successful student, and though but a few years engaged in professional life, yet he had already gained such a position as gave promise of a career of eminence and usefulness.

At the meeting of the Chester County Medical Society, held October 27, 1857, the following preamble and resolutions were unanimously adopted:—

Whereas, it has pleased an All-wise Providence to remove by death, in the fulness and vigor of youth, our highly esteemed friend and colleague, Dr. Elisha Gatchell, therefore

Resolved, That this Society has received with the deepest regret the intelligence of the decease of Dr. Gatchell, at the threshold of his career of usefulness and distinction, and that while we bow with humility to the inscrutable judgment of an Over-Ruling Providence, our humanity requires that we should give utterance to the feelings of our hearts under this unexpected bereavement, by which the profession has been deprived of a member who, by the purity of his character, the geniality of his disposition, and the brightness of his mental culture, gave promise of becoming one of its most distinguished ornaments.

Resolved, That we deeply sympathize with the family of the deceased in the irreparable loss they have sustained.

Resolved, That the Committee upon Biographies be directed to prepare a memoir of the deceased.

Resolved, That a copy of the foregoing be transmitted to the family of the deceased, and that a copy be offered for publication.

FOREIGN INTELLIGENCE.

Hystero-Epilepsy.—M. LEGRAND DU SAULLE has communicated to the French Academy an interesting case of hystero-epilepsy. A young girl expelled several *larvæ* from her nose after having had for some time a persistent frontal cephalalgia. On the 25th of March, 1851, she had hystero-epileptiform convulsions, lasting several hours. A month after, she was placed in the lunatic asylum of the Côte d'Or, as being epileptic and insane. A few days after she had forty-five fits, followed by maniacal agitation. Her cephalalgia was persisting, and, at times, she expelled *larvæ* from her nose. Thinking that they came from the frontal sinuses, the author ordered the patient to smoke small cigars containing arseniate of soda, and he succeeded in killing the larvæ by having the smoke passed through the nose and the sinuses. A few days after, larvæ, without movements, were expelled, the cephalalgia ceased, and there were no more convulsions. On the 8th of November, 1851, the girl left the asylum in an excellent state of mind and body. She is now (October, 1857) in perfect health.—*Med. Times and Gaz.*, Nov. 7.

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Bronzed Skin and Disease of Supra-renal Capsules—A case of bronzed skin, with disease of the supra-renal capsules, has recently excited some interest here. M. CHARCOT, who had observed the patient, and who has made the autopsy, had conceived, from the examination of the capsules with the naked eye, that they were in a normal condition, and the case was presented to the Société de Biologie as one of those which are considered as being in opposition with the view of Dr. Addison. But after a more careful examination, it has been found, with the microscope, that these glands were very much altered. This is an important case, because it throws aside, as having no decisive value, the cases of bronzed skin, in which the capsules, not having been examined with the microscope, have been declared normal.—*Med. Times and Gaz.*, Nov. 7, 1857.

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Effect of Red Blood on the Vital Properties of the Contractile and Nervous Tissues.—Two years ago, Dr. Brown-Séquard published the results of numerous experiments, showing that red blood—*i. e.*, richly oxygenated blood—has the power of reproducing the vital properties of almost all the contractile tissues, when it is injected in the artery some time after these tissues have lost these properties. In a paper read to the Academy of Sciences on the 19th of October last, this physiologist relates some new facts on this subject. It is well known, since the admirable experiments of Sir Astley Cooper, that animals die from asphyxia when circulation is stopped in their four encephalic arteries, and that if the circulation be quickly re-established, the animals recover almost immediately. Dr. Brown Séquard has ascertained that, if circulation takes place again a few minutes after the last respiratory movement, life does not reappear; but if the lungs are insufflated, the apparently dead trunk revives, and becomes endowed with a very energetic reflex power; and that 5, 10, or 15, and in one case 17 minutes after the last respiration, in insufflated dogs, if circulation is re-established in the encephalon, the functions of the brain proper and of the respiratory nervous centre reappear, and the animal may be restored to full life. In heads separated from the body, injections of richly oxygenated blood may reproduce the actions of the brain proper and of the medulla oblongata many minutes (even 14 or 15) after decapitation. In a second part of his last paper, Dr. Brown-Séquard points out a radical difference between the two kinds of blood, the arterial and the venous, or rather the red and the black. He has ascertained by a great many experiments that red blood—*i. e*, blood charged with oxygen, whether arterial or venous—never has the power of stimulating or exciting any organ or tissue, while black blood—*i. e.*, blood charged with carbonic acid, has the power of stimulation in a very high degree as regards the nervous centres, and in a lower degree as regards the sensitive and motor nerves, and the contractile tissues. On the contrary, the red blood has the power of regenerating the vital properties, while black blood is hardly able to maintain them at a low degree. Dr. Brown-Séquard calls attention to a peculiar mode of action of black blood, which consists in its producing intermittent or periodical effects, and sometimes perfectly rhythmical actions, even in the muscles of animal life. He finishes his paper by the indication of the danger of employing black blood in transfusion. He relates facts to prove that the blood of an animal acts as a poison when injected in the veins of an animal of another species, only when it is black and charged with carbonic acid. The blood of a rabbit may kill the same individual as well as another animal of the same species, if it is injected black—whether defibrinated or not—in its veins; so it is for dogs, for cats, for birds; while, on the contrary, richly oxygenated blood, whether venous or arterial, and defibrinated or not, and taken from birds, turtles, etc., may be, without any ill effect, injected in the veins of a mammal. The great danger of transfusion of blood, after the entrance of air in the veins and the coagulation of its fibrin, is, therefore, the employment of a liquid containing too much carbonic acid. This danger, and, at the same time, the danger of coagulation, may easily be avoided by employing whipped venous blood, which, during the operation of whipping, loses its coagulating principle, and much of its carbonic acid, and absorbs a good deal of oxygen.—*Med. Times and Gaz.*, Nov. 7, 1857.

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Hydrocotyle Asiatica.—This is the name of a new drug which has lately been much used in France in the treatment of certain cutaneous affections. The Hydrocotyle Asiatica is an umbelliferous plant, found in the eastern portion of the Asiatic continent, and was introduced to the notice of the Imperial Academy of Medicine of Paris, by M. Lépine. The action of the drug has been tested by MM. Cazenave and Devergie, of the Hôpital St. Louis, who have, as far as experiments have been made, reported favourably upon its merits. The form of administration is in granules or syrup. An hydro-alcoholic extract is obtained *in vacuum*, which prevents deterioration by atmospheric influence, as the plant itself rapidly undergoes change. It exercises a particular virtue over various cutaneous affections, particularly those of long standing and dependent on the presence of syphilitic or scrofulous taint. It has been administered with success in cases of leprosy and elephantiasis. M. Cazenave reports that its effects are remarkable and constant. It causes a considerable augmentation in the secretion of the urine, and an increase in the heat of the skin. When given in excess, it produces copious sweats, a sensation of heaviness, uneasiness, and giddiness of the head. We believe that little notice has as yet been taken of this new medicine in this country. Mr. Price, however, has been trying its efficacy at the Great Northern Hospital, and also at the Blenheim Free Dispensary, and has found that benefit has certainly followed its use in some instances of obstinate syphilitic eruptions, and in chronic eczemas. The preparations are to be obtained of Messrs. Savory and Moore, of New Bond Street. *Lancet*, Oct. 1857.

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Pediculi Pubis. — Dr. Hamal recommends the following treatment: After having thoroughly washed the parts covered with hair first with soap and water, and then with clear water, and drying them, pour chloroform on drop by drop, and rub it in. Then cover the parts with a folded handkerchief for half an hour, when another washing with soap and water should be performed, in order to detach the *debris* of the pediculi.—*Med. Times and Gaz.*, Nov. 7, from *Gaz. des Hôp.*, 108.

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Eczema of the Face in Children.—Dr. BEHREND recommends the following application for the crusts which frequently cover the face of children: Cod-liver oil fifteen, and bicarbonate of soda two parts.—*Ibid.*, from *Bull. de Thérap.*, Sept., p. 272.

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Repeated Induction of Anæsthesia.—A female patient of M. GOSSELIN, with syphilitic stricture of the urethra, suffered such intense pain during explorations, that it became necessary to administer chloroform whenever these were made. During eight months these inhalations have been repeated more than a hundred times, and daily at the beginning of this period. In spite of this frequent resort to chloroform, the patient is just as sensible to its influence, and is sent to sleep as quickly as on the first day, and in two or three minutes the finger or other body can be passed into the rectum, and left there for several minutes. M. Gosselin employs the same means of administering it that he always does—namely, a piece of charpie placed in the hollow of a compress, preferring this to any form of apparatus.—*Ibid.*, from *Gaz. des Hôp.*, No. 98.

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Effect of Town Life on Mortality.—Dr. LETHEBY, in his late annual report on the "Sanitary Condition of London," states "the mean age at death of adult males in the city, is 51, and of females, 55. In all England it is 60 and 61; so that, in one case, about 9 years is taken from the lifetime, and, in the other, about 6. And again, if we examine the longevity of adults at other ages, it will be seen that the contrast is equally great. At 45 and upwards, the mean age at death of the male citizen is 62, and of the female 65. In all England it is 68 and 69. At the age of 65, a man with us may expect to live to the 72d year, and a woman to the 75th; but in the whole of England the expectancy is to the 76th and 77th. These are the numerical exponents of the strain upon a city life, and they testify of the penalties that are paid to excessive civilization."—*Med. Times and Gaz.*, Nov. 7, 1857.

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Cholera in England.—An outbreak of cholera has occurred in a row of cottages at West Ham, on the river Lea, near the Thames. The first case appeared on the 29th of September, and between that and the 14th of October there were fourteen cases, of which seven were fatal. After this late date the epidemic seems to have died out.

"This outbreak of cholera," says Dr. Elliot, the officer of health of the district, "cannot be traced to infection nor to communication with any person from an infected place. The only circumstance that can give any ground for suspicion of infection is, that herds of cattle and flocks of sheep imported by the steamboats from Hamburgh have been from time to time driven direct from the ships up to the marshes in the neighbourhood, and are there pastured. But I cannot connect that fact with the occurrence and limitation of the disease in that row of cottages."

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The Sanitary Commission on the Seat of War in the East.—A thick blue book, of 300 pages, issued on Saturday, contains the report of the proceedings of the Sanitary Commission dispatched by Lord Panmure to the seat of war in the East (1855-6). As the result of their whole experience, the commissioners express their opinion that, inasmuch as the neglect of military *hygiène*, whether as regards the soldier personally, or the sanitary state of camps, barracks, and hospitals, has hitherto, in all countries, climates, and seasons, been the cause of the largest amount of loss in armies, the whole subject demands, in future, a practical development commensurate with its importance to the public service. The appendix to the report contains papers on the topography and geology of the seat of war, and on cooking and clothing, with abstracts of diaries and journals from the pens of Dr. Milroy, Dr. Sutherland, Mr. Walling, Dr. Smart, and Messrs. Newlands, Freeney, and Aynsley.—*Med. Times and Gaz.*, Nov. 7, 1857.

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The Weather in England in July, August, and September, 1857.—From Mr. GLAISHER's account of the meteorology of the late remarkable season, it appears that the temperature of July, August, and September was considerably above the average of the same months in the last 86 years. Since the year 1771 the temperature of July has only been somewhat exceeded 13 times. Since 1771, a date as far back as trustworthy records extend, the temperature of the month has never been so high as it was in August last, and the temperature of the month of September was only exceeded six times. In one year only (1818) out of 86 years did the temperature exceed the temperature of the three summer months. July and August were less, September was more humid than usual. Little rain fell in July; the average amount fell in August; the rainfall in September was above the average As a general rule the temperature of a thermometer with its bulb on the grass falls in every month below the freezing point (32°); but it is a remarkable fact that at Greenwich the thermometer so placed never fell below 30 degrees in the last three months. The Register-General adds, "A summer of unusual warmth in our European climates not only promotes the growth of corn and wine, but is probably salutary to the human frame where the land is drained, decaying refuse is buried in the earth, and cleanliness is observed. But in England these conditions are not yet complied with; hence fever, ague, and diarrhœa have prevailed extensively in the last hot summer."—*Med. Times and Gaz.*, Nov. 7. 1857,

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Sanitary Customs of the Jews.—It is noticeable that in poor neighbourhoods which have been attacked by cholera, fever, small-pox, and similar diseases, the Jews living there have in an extraordinary manner escaped visitation. The apparent causes of this sanitary fact are worthy of attention. 1. As regards food, it seems that even the poorest Jews are most particular in the food they eat. In obedience to the law of Moses, they use none of the blood or offal of animals; they are also particular in the choice of fish, and avoid both animals and fowls which are grossly or unwholesomely fed. 2. Intemperance in drink is rare amongst them; and even the very poor Jews are remarkable for their attention to moral family ties. There are, of course, exceptions, but this general characteristic is certain. 3. Their religion directs them to use great personal cleanliness. Ablutions are made before visiting the synagogues, and on other occasions. Their houses are also thoroughly cleaned at certain periods from top to bottom. All the above acts are important to health, and the good effect of attention to them is evident. The rules are so simple, that they might be readily observed by the chief parts of the masses of people in the large towns amongst whom this ancient race are scattered.—*British Med. Journ.*, from the *Builder.*

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Berlin Medical School.—Drs. TRAUBE and BARENSPRUNG, who had acquired such high reputations in Berlin as *privat-docens* (that is, teachers unconnected with official position, the raw material from whence some of the best professors have been selected), have just been appointed extraordinary professors in the Berlin faculty; and there can be no doubt that, with such men as Virchow, Langenbeck, Gräfe, and Traube, acting harmoniously together, the Berlin School will soon recover its former high position. It may be remarked that, in contrast with the bigotry of Austrian regulations, prohibiting Protestants in future to hold professorships, Professor Traube is a member of the Jewish persuasion, no question ever being asked of any candidate as to the nature of his religious belief.

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Medical Students in London.—It is stated in a recent number of the *Lancet* (Nov. 7), that there are fewer students than usual registered, this season, in the different metropolitan schools. The total number is about 1,050; the number last season was upwards of 1,100. In the provincial schools there is a still greater deficiency; and the same is said to be the case in Scotland and Ireland.

—

Mr. Travers.—This distinguished surgeon has just been appointed Serjeant-Surgeon to the Queen of England, in place of the late Mr. Keate.

—

American Quacks in London.—Since the adventure of Dr. Fell, several American quacks have arrived in England, evidently impressed with a belief in our extreme gullibility. We cannot deny that one 'cute Yankee has made a good harvest amongst our simple ones, but do not think the process will be soon repeated.

> "Pudet hæc opprobria nobis
> Et dici potuisse et non potuisse reFELLI."

One of these newly-arrived men styles himself Dr. Watson, of the "Reformed Medical College," United States, and is now distributing a pamphlet, entitled "Remarks on the Rational Treatment of Spermatorrhœa, and its Concomitant Complaints, by means of the American Curative Instrument," price £3 3*s.* in silver. This precious production is the very type of unblushing impudence, ignorance, and quackery. Persons are cautioned against "applying to country practitioners, who too often not only protract the cure to a longer period than necessary, but not unfrequently permanently damage the constitution of the patient by improper treatment." Such assurance is almost sublime: the wolf cautioning the sheep against their shepherd. All the artifices which the vulpine nature of quackery can suggest are brought into play: garbled extracts falsely applied; the deceptive use of phrases apparently applied to the great and good Dr. Watson; the lie concealed, the lie suggested, and the lie declared. The system is completed by the institution of a "Philanthropic Society of Grateful Patients" of Dr. Watson, cured of "great nervousness, debility, exhaustion of the system, groundless fears, thoughts of melancholy, and directed by Providence (*sic*) to that gentleman." A "Reverend" H. Williams, in pursuance of the resolutions of the committee, transmits a copy, gratis, to thousands of people through the post—and so the sham is completed. As this abominable quack courts publicity, we accord it to him. He seeks a recognition of his services, and will receive it in the indignation of our readers.—*Lancet*, Oct. 17, 1857.

PUBLISHER'S NOTICE.

IN the present number is concluded Part I. of "WEST'S LECTURES ON DISEASES OF WOMEN," forming a complete treatise on the affections of the Uterus. The second Part, which will comprise the diseases of the Bladder, Vagina, External Organs, &c., is promised by the author for the latter part of next year, when, it is hoped, its publication may be resumed in the "NEWS." In the meanwhile the work selected for the Library Department for 1857 is "HABERSHON ON DISEASES OF THE ALIMENTARY CANAL (ŒSOPHAGUS, STOMACH, CÆCUM, and INTESTINES)."

The author's position as assistant physician in Guy's Hospital, and the recent appearance of the work in London, are a sufficient assurance that it will be found up to the hour, while the practical character of the volume is shown by the very large number of cases upon which it is based, no less than one hundred and sixty-three being carefully analyzed in all their details throughout its pages. Covering as it does the whole subject of affections of the digestive organs, which constitute so very large a portion of the daily practice of the physician, the publishers trust that it will be found to fully maintain the very high practical character of the works which have heretofore appeared in the "NEWS."

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☞ In the present deranged condition of the currency, the publishers beg leave to repeat that *funds at par at subscribers' places of residence* are received in payment of all subscriptions.

PHILADELPHIA, Dec. 1, 1857. BLANCHARD & LEA.

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